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ABSTRACT

These materials represent first hand documentations of 25 school-based drug abuse prevention program activities and experiences in the state of California. The programs, based on the premise that effective prevention programs improve a school's atmosphere for learning and growth, are described in terms of their design, implementation, and assessment components as well as the roles taken by school personnel, the State Department of Education, community agencies, county agencies, and the county superintendent to insure their success. The rationale for such programs is presented through discussion of specific program strategies including self-esteem building, communication training, values clarification, decision making/problem solving, information gathering, peer tutoring and counseling, and parent education. A "pyramid of prevention" is diagrammed for the reader and issues related to program survival, i.e., politics, funding, evaluation, and training, are examined. A selected bibliography, with addresses and contacts of print, audiovisual, curriculum materials, clearinghouse, and training resources is also included. (Author/HLM)

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# Better Schools, Better People

## How Schools Can Help to Prevent Drug and Alcohol Abuse

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# Preface

*Better Schools, Better People* is designed to be a catalyst for constructive change. The premise behind the writing of this publication is that an effective school-based drug abuse prevention program improves a school's atmosphere for learning and growth. It is intended for persons who are involved in the educational process—teachers, parents, administrators, school board members, and others in the community—and who are also concerned enough about the health and well-being of youth to take positive action.

Although this publication is not a step-by-step manual, it contains descriptions of school-based drug abuse prevention programs and resources for program planning and implementation. It is designed to provide an overview of prevention programs from which program initiators may select those aspects that they find most interesting or appropriate for their own schools or districts. It also presents resources for further information, training, and program development.

*Better Schools, Better People* is based entirely on firsthand documentation of actual program activities and experiences. Twenty-five different school-based prevention programs in California were visited and studied as part of the research. Principal among these were programs funded by the Department of Education under its 1977-78 Drug Abuse Technical Assistance and "Structuring for Prevention" projects. The programs represent a cooperative effort established through interagency agreements providing funding from the Department of Alcohol and Drug Abuse to the Department of Education.

In a sense this publication is a retrospective report on the status of school-based drug abuse prevention programs during the 1977-78 school year. Shortly after the research was concluded, the passage of Proposition 13, the property-tax-limiting amendment, drastically altered the course of many of the programs described in these pages. By the time this publication reaches its audience, some of the programs may no longer exist; and others may have changed significantly because of funding cutbacks.

We hope that the momentum for effective school-based drug abuse prevention programs remains strong enough to overcome the limitations of time, money, and resources that all schools in California now face.

# 1
# The Continuing Problem of Drug and Alcohol Abuse

In the last 20 years, social problems in the United States have appeared, intensified, and dropped out of sight so rapidly that they seem to come and go like fads. The urban riots, the student rebellions of the 1960s, the energy shortage—all have been fodder for the media, and all have lost their sense of urgency once their entertainment potential has been exhausted. Yet, many of these problems only appear to go away once the media finish with them. In reality they remain unresolved and are only overshadowed by new and more interesting problems.

Until the 1960s "drug abuse"[1] was associated almost exclusively with marginal citizens, "hard" drugs, and urban crime. The Harrison Narcotics Act of 1914 marked the beginning of a long-term government campaign against certain forms of drug abuse, but the act was primarily aimed at the "underworld" and the users of illicit drugs such as heroin and marijuana. The problems did not directly affect the mainstream of American society; therefore, the public knew little of them. At the same time the drinking of alcohol was not widely considered an "abuse" either. However, the prohibition experiment was so ill-conceived and mismanaged that it had the opposite of its intended effect. Partly despite prohibition and partly because of it, alcohol drinking became an assumed feature of American life and culture.

In the 1960s the drug problem suddenly became a youth problem. Parents, educators, government officials, and community leaders panicked when confronted with the fact that middle-class youth were using illicit drugs extensively to give the emergent youth culture a distinctness and a mystique that defied adult intervention. The media were filled with reports that ranged from lurid accounts of youthful drug sprees to philosophical speculations about the generation gap.

Then, like so many other crises before it, the drug crisis began to pall. In time the youth of the 1960s grew up, went to work at "establishment" jobs, and began to raise families of their own. Several states

[1]Among youth throughout the country, alcohol has become the "drug of choice." Distinctions between "alcohol abuse" and "drug abuse" are often academic. Therefore, in this publication "drug abuse" refers to " drug and alcohol abuse" unless an alternative is clearly stated. Similarly, programs designed to prevent drug abuse also aim at preventing alcohol abuse unless they are described specifically as dealing with one drug or another. "Substance" is used occasionally as the equivalent of "drugs" or "alcohol."

decriminalized the possession of small amounts of marijuana. The crisis seemed to be over.

The problem of drug abuse, however, has not gone away. Though rarely as dramatic, the problem is in some ways more serious now than it was in the 1960s. In fact, drug abuse gives every indication of being a chronic problem that only the most persistent and disciplined efforts will ameliorate.

According to a 1977 survey conducted under the auspices of the National Institute on Drug Abuse (NIDA), among a sample population of 18,436 high school students across the country, the number of respondents using illicit drugs (primarily marijuana) rose from 55 percent to 62 percent in the last three years. Some of the survey's other findings are as follows:

- Of the sampled students, 56 percent reported using marijuana at least once, and 35 percent used it during the month before the survey was taken.
- The use of marijuana among twelve to seventeen-year-olds rose by 5.7 percent between 1976 and 1977.
- One-third of the group had used an illicit drug other than marijuana.
- Cigarette smoking was reported by 76 percent of the students, and alcohol drinking by 93 percent.[2]

California has typically led most other states in the incidence of drug use among youth, and a 1978 State Department of Health position paper contains the suggestion that the NIDA figures reflect a considerable underestimation of California trends. For example, according to the 1976 NIDA national survey of high school seniors, 44.7 percent had used marijuana at least once. However, according to a reputable San Mateo County study conducted that year, 64.5 percent of youth in the county had used the drug. The comparable figures were 86.6 percent (NIDA survey) and 91.4 percent (San Mateo survey) for alcohol; 5.4 percent and 18.3 percent for LSD; and 1.0 percent and 4.1 percent for heroin. Furthermore, according to the California report, in 1976 approximately 32,000 juveniles were arrested for drug use in California; 80,000 for "status" offenses; and up to 100,000 youths for "demonstrating dysfunctional behavior related to drug use and abuse." The report contains estimates that among young people in grades nine through twelve, 200,000 to 300,000 have experimented with amphetamines and barbiturates; over 40,000 have tried heroin; and half a million use marijuana weekly or more often.[3]

Staff members in the 25 school-based drug abuse prevention programs studied as part of the research for this publication during the spring of 1978 echoed the findings of the San Mateo and NIDA surveys. As one program coordinator observed, "People in this school don't like to talk about the drug problem any more. They'll say, 'We don't have a drug problem now. We used to have one five years ago, but it stopped.' Drugs are less noticeable now because we don't have kids freaking out on LSD during school hours the way we did a few years ago, but most of the kids in this school use alcohol, marijuana, and cigarettes on a regular basis."

Students themselves have confirmed the seriousness of the continuing drug problem. For the 1977 Gallup Youth Survey, teenagers were asked which problems facing young people today they considered most serious. Drug use and abuse led the list (27 percent), followed by parental communication problems (20 percent) and alcohol use and abuse (7 percent).

Although drug and alcohol abuse usually become problems during the teenage years, they are certainly not limited to youth. Americans are bombarded every day with messages about the efficacy of drugs as a solution to life's problems. Drugs to relieve pain, to make one sleep, and to make one stay awake are widely available, often without a prescription, and are advertised extensively in the media. Americans have been conditioned to think of drugs as a perfectly acceptable way of dealing with all kinds of ailments—moral, spiritual, or emotional. The use of legal drugs for recreational purposes is even more widely accepted and condoned. While the dangers of cigarette smoking have been well established, cigarette advertisements regularly portray smokers as vigorous, youthful, attractive, and healthy. Advertisements for alcohol contain the implication that drinkers are more than just physically attractive. They are rich, successful, powerful, and exciting. They are never foolishly or dangerously drunk.

In short, drug *use* is widely accepted and even encouraged. Young people in America today cannot avoid this message. Consequently, learning how to deal with drug use has become a part of growing up in our society. Yet, at a time when cigarette smoking is declining among the adult population, the smoking rates are increasing among teenagers. Experimenting with cigarettes, alcohol, and marijuana has

[2] *Drug Use Among High School Seniors.* Rockville, Md.: National Institute on Drug Abuse, 1978.

[3] *The California Plan for Drug Abuse Prevention.* Sacramento, Calif.: California State Department of Education, 1978.

become a part of the rite of passage into adult life for American adolescents. According to a recent government report, cigarettes, alcohol, and marijuana are "gateway drugs," drugs that precede more exotic fare.[4]

At what point does the use of a drug become abuse? The answer varies from one drug and one individual to another. For example, the effects of alcohol drinking depend on several factors. The number of drinks consumed, the period of time in which they are consumed, the person's weight, and the amount of previous experience with alcohol can all determine whether a person will become drunk, dysfunctional, or out of control after drinking. A business executive who occasionally enjoys a glass of beer with lunch may not be abusing the drug, but a housewife who feels uncomfortable unless she has a glass of wine before dinner or a teenager who needs to sneak a shot of his or her parents' whiskey to feel more confident before going to a party may both have the beginnings of a serious drinking problem. Any cigarette smoking could be considered the abuse of a drug; so could overuse or improper use of a prescription drug. However abuse is defined, it invariably involves negative personal and social effects.

Evidence abounds that large numbers of Americans in all age groups abuse drugs. The U.S. Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) estimates that 9 million Americans suffer from alcoholism and problem drinking, while 25 million suffer from narcotic addiction and drug abuse. Although the social and financial costs of these problems can be estimated only in the most general terms, a recent report from a national research agency specializing in alcohol problems estimated that in 1974 alcohol abuse cost the country nearly $31 billion in lost production, health and medical care, motor vehicle accidents, and related problems.[5] The National Institute on Alcohol Abuse and Alcoholism (NIAAA) reported in 1975 that alcoholism cost business, industry, and government $400 million annually in California alone.[6] An Orange County study of the costs of drug abuse suggested that the nearly 1,500 students in the county every year who might become "dysfunctional drug users" during their lives could cost the taxpayers $81 million in lifetime costs for treatment and therapy.[7]

One of the greatest costs of drug and alcohol abuse is the cost for treatment. Hospitalization, residential centers, individual or group therapy and counseling, methadone maintenance programs, and centers designed to help persons stop smoking are among the many forms of drug abuse treatment that add annually to skyrocketing health care expenditures. Indeed, drug and alcohol abuse accounts for a sizable portion of the nearly $200 billion that Americans spent in 1978 for health care and the treatment of diseases, disorders, and other health problems.

Certainly these costs could be reduced if the illness and other problems related to drug and alcohol abuse could be prevented. Yet, in the drug abuse field, the "ounce of prevention" is too often outweighed by a ton of cure. Less than one-half of one percent of the billions spent in America every year on health services goes to health education and prevention activities.[8]

The cost imbalance stems partly from the fact that treatment programs deal with the problems of individuals who are suffering from emotional and physical pain and who need immediate attention. When the drug crisis of the 1960s first surfaced, the quantity of available resources and experienced treatment personnel was not adequate to deal with the flood of cases requiring care. Now, a decade later, with treatment costs continually rising and most drug abuse professionals and policy makers aware that drug abuse is a chronic problem, the need for long-term prevention efforts is beginning to be widely accepted. Prevention programs have begun to assume a new priority in health care budgets, particularly at the federal level, not just because they are cost-effective but because they are necessary to curb further demands for treatment. And the growing acceptance of the concept of prevention has intensified the need for good prevention programming, program evaluation procedures, and program documentation.

Although an effective strategy for drug abuse prevention and control has been an important goal

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[4] *Recommendations for Future Federal Activities in Drug Abuse Prevention.* Washington, D.C.: Cabinet Committee on Prevention, Treatment, and Rehabilitation: Subcommittee on Prevention, 1977.

[5] *Report on Alcohol.* Lansing, Mich.: American Businessmen's Research Foundation, 1976.

[6] National Institute on Alcohol Abuse and Alcoholism. *California Fact Finder on Alcohol Abuse and Alcoholism.* Gaithersburg, Md.: National Clearinghouse for Alcohol Information, July, 1975.

[7] "Teaching for Responsible Behavior Is a Cost-effective Primary Drug Abuse Prevention Program in Orange County." Santa Ana, Calif.: Orange County Department of Education Drug Abuse Prevention Education Center, January 10, 1978 (news release).

[8] *Recommendations for Future Federal Activities in Drug Abuse Prevention.* Washington, D.C.: Cabinet Committee on Prevention, Treatment, and Rehabilitation: Subcommittee on Prevention, 1977.

of drug abuse professionals and policy makers for decades, highly divergent methods have been proposed since drug abuse among youth reached crisis proportions in the 1960s. For example, two common, but quite different, approaches are to reduce supply, on the one hand, and to reduce demand, on the other. Advocates of supply reduction argue that if drugs are not readily available, people will not use and abuse them. The steps that various governmental agencies have taken to reduce the supply of drugs include regulations governing the manufacture and distribution of licit drugs, the creation of alcoholic beverage control agencies in every state, and the instituting of stringent punitive measures for the sale or possession of illicit drugs.

Although legal controls may have prevented the drug problem from being worse than it is, policy makers now generally agree that such controls can be only one part of a comprehensive prevention strategy. The repeal of the prohibition laws of the 1920s and, more recently, the movement to relax penalties for the possession of small amounts of marijuana are signs that legal controls alone are not sufficient to prevent drug use and abuse and that they may cost more than they are worth. These facts became abundantly clear in the 1960s. As students and law enforcement authorities engaged in fruitless confrontations, the momentum of the youth rebellion made a mockery of the law. When the federal government attempted to stop the international drug trade through its 1969 "Operation Intercept," youthful drug users either found new ways of producing their own homegrown marijuana or turned to other drugs.[9]

Several different approaches have been used to try to reduce the *demand* for drugs. At the peak of the 1960s' drug crisis, the most popular of these approaches was the use, primarily in schools, of information about the legal, medical, and psychological consequences of drug use. Educators and other concerned citizens hoped that the information would act as a deterrent to drug abuse. Schools throughout the country regularly invited law enforcement officers, physicians, and others to explain both the legal and medical effects of drug use to classes and assemblies. The use of antidrug films and informational pamphlets was also common, and the production of drug information materials became a big business.

Eventually, however, the use of drug information programs in schools was criticized widely. In 1971 a drug abuse prevention organization based in Washington, D.C., conducted an extensive review of the available films and literature on drugs and came to the conclusion that some of the materials were more dangerous than the drugs. Informational materials either made drugs seem tantalizing and attractive, the study concluded, or they contained inaccurate information and scare tactics. Other studies indicated that the source of the information—often teachers who had been "drafted" against their will to teach drug education courses or representatives of public agencies, many of whom tended to equate drug use with moral degeneration—detracted from its credibility.[10] Some schools attempted to counteract this effect by inviting reformed drug abusers to describe how their lives had been wrecked by drugs. Although a more credible source of information, reformed addicts often conveyed a sense of romantic adventure that attracted students to the drug-using life-style instead of convincing them of its destructiveness.

Research began to show that the drug information techniques in vogue in the late 1960s and early 1970s were having little or no effect on young people's actual patterns of drug use. In 1972, the White House Special Action Office on Drug Abuse Prevention (SAODAP) declared a moratorium on federal funding and distribution of informational materials about drug abuse in order to study the issue in detail. The moratorium was not lifted until a year later, when SAODAP produced a set of elaborate guidelines for drug abuse prevention materials that precluded the use of scare tactics and common stereotypes.

Although the information approach fell into wide disfavor as the sole activity of prevention programs, the initial focus on schools as a setting for drug abuse prevention efforts has not changed. Schools are among the very few societal institutions that can help to shape a young person's attitudes and behavior toward drugs, and, therefore, influence patterns of drug use before they develop into abuse. Doubtless, the family is a considerably stronger influence than the schools, and the media, particularly television, may be as important as the schools; but both of these institutions are difficult to organize into a comprehensive prevention effort. "The schools have a captive audience of kids," according to prevention specialist Charles Matus. "They're the logical place

[9]Edward M. Brecher, and the editors of *Consumer Reports. Licit and Illicit Drugs: The Consumers Union Report on Narcotics, Stimulants, Depressants, Inhalants, Hallucinogens, and Marijuana—Including Caffeine, Nicotine, and Alcohol.* Boston, Mass.: Little, Brown, and Company, 1972.

[10]Richard H. DeLone, "The Ups and Downs of Drug Abuse Education," *Saturday Review* (November 11, 1972), p. 22.

to try to do something about kids' drug-using behavior. If 70 percent of a kid's attitudes and behavior in relation to drugs is shaped by the family, the schools can still have a shot at the remaining 30 percent."[11]

According to Tom Adams, the director of the PYRAMID project, a NIDA-sponsored information sharing and technical assistance network specializing in drug abuse prevention, "The schools are absolutely essential to the success of a community's prevention effort. In every state that has a strong prevention program, the state education agency and the local school districts play an important role, and it makes all the difference in the world."[12]

Emily Garfield, coauthor of *Drug Education: Results and Recommendations*, the report of a California-based study of a four-year experimental drug education project, observes that the study included a question about what setting parents considered appropriate for drug abuse prevention. "Every single family said that it belongs in the schools," says Garfield. "We said, 'What if we can't demonstrate that it works? What then?' They said they still thought it belongs in the schools. I think it's because Americans basically believe that education *works*."[13]

The California Legislature has expressed its own belief in the importance of school-based drug abuse prevention programs by mandating some form of drug education in all elementary and secondary schools. Moreover, the Drug Abuse Act of 1971 established specific drug education guidelines.[14]

While many reasons and legal mandates can be found to support the use of schools as a setting for drug abuse prevention efforts, almost as many reasons can be found to show why drug education and drug abuse prevention programs are difficult to implement. Perhaps most important, school personnel often perceive drug abuse prevention as an unnecessary burden in relation to all the other demands on their time. As a result perfunctory or "one-shot" presentations on drug and alcohol abuse may still be used in many California school districts in contrast to prevention programs implemented schoolwide or districtwide over a period of years.

In a sense effective school-based drug abuse prevention programs represent a new way of looking at how schools function, and the best programs require a degree of acceptance of and commitment to change. "Scrutinize the drug education problem long enough and it becomes the school problem," the former administrator of New York City's school-based drug abuse programs wrote several years ago. "Drug abuse is a peculiar microscope, magnifying many of the flaws in education (not to mention society at large) that reformers have carped about from Rousseau to Silberman. It is precisely for this reason that the drug issue has the potential to become a powerful lever for school reform."[15] Years later and closer to home, Bruno Zancanella, a principal in the Thermalito Union Elementary School District near Oroville, California, reflected on the impact of a year-long drug abuse prevention program at his school. "The program has helped to make our school more effective," Zancanella said. "It's helped people to think, make decisions, and arrive at a good sense of their values. This goes beyond just the drug issue. Teachers are beginning to say they feel good because they're talking with students, not just disciplining them and being task masters or wardens of a jail. We know the family isn't doing it all, and look at the way society is going. There's very little real sense of values. What can a school do about this? It can create situations where people listen to each other. It can recognize the human element in education. It can create a sharing of ideas, with students and teachers talking to each other and learning from each other. If kids have these things working for them, they won't need drugs. A program like this can make everything that is taught in school produce more positive results."[16]

In short, a drug abuse prevention program can be important in improving the climate of an entire school. Although basic school improvements may be a long-term goal, successful school-based prevention programs usually begin more modestly, often with the support of just a few teachers and administrators, whose work then attracts further participation. In the field of school-based drug abuse prevention, outstanding results are almost always preceded by quiet, disciplined beginnings.

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[11]Personal interview conducted for this publication.

[12]Personal interview conducted for this publication.

[13]Emily Garfield in *Drug Education: Results and Recommendations*. Lexington, Mass.: Lexington Books, 1976.

[14]Education Code sections 51260—51269.

[15]Richard H. Delone, "The Ups and Downs of Drug Abuse Education." *Saturday Review* (November 11, 1972), p. 22.

[16]Personal interview conducted for this publication.

# 2
# A Rationale for School-Based Drug Abuse Prevention

When the drug abuse epidemic among youth first began to be widely recognized in the 1960s, one of the main reactions of lawmakers, parents, educators, and others charged with nurturing and educating young people was to try to eliminate drug use altogether. To some extent this reaction was based on certain myths about drug use that experience has proven false. Moreover, the "establishment" was shocked, just as young people hoped it would be, by the deliberate flouting of conventions that approved the use of licit drugs like alcohol and tobacco but disapproved the use of illicit drugs like marijuana.

Preventing drug use entirely, even the use of illicit drugs, is no longer viewed by those in the field of drug abuse prevention as a realistic goal. Surveys have repeatedly shown that some experimentation with drugs among a majority of young people is virtually inevitable. Usually, the experimentation is limited to alcohol, tobacco, and marijuana. Experimentation might be no more than one puff on a cigarette or a sip of beer, but it would still qualify an individual as having "used" the drug in surveys of drug use. Far more important than preventing *all* drug use, most prevention experts now agree, is preventing use that is likely to lead to abuse; that is, to physical or psychological dependence with destructive personal and social consequences.

But how can drug abuse be prevented? If drug abuse were caused by a disease-carrying germ, preventing it might be relatively simple. However, researchers have been unable to establish a cause-and-effect relationship between drug abuse and any related factors. Rather, drug abuse is a complex phenomenon with a wide range of contributing factors. The closest that researchers have come to identifying causal connections is a growing body of evidence regarding the factors commonly associated with actual instances of drug and alcohol abuse behavior. A major study of drinking patterns, for example, showed that particular ethnic groups tend to have a heavier concentration of problem drinkers and alcoholics than others.[1] A study of family factors related to student drug use revealed several influences associated with "high-risk" youth. These influences included poor early health care and childhood problems; frequent use of over-the-counter drugs, prescription drugs, and even alcohol

[1] D. Calahan, I. Cisin, and H. Crossley. *American Drinking Practices.* New Brunswick, N.J.: Rutgers Center of Alcohol Studies, 1969.

as children; and stressful parent-child relationships. Yet, as is often the case with correlated studies, some factors associated with positive social norms also correlated with drug use (e.g., an orientation to high achievement and a focus on one's own happiness and self-understanding).[2]

Most striking and persuasive have been the numerous mutually supportive studies that have linked drug abuse with low self-esteem, poor interpersonal skills, and a general lack of social and personal competence.[3] While still far from establishing a causal connection, these studies lend credence to the idea that people abuse drugs because of deficiencies in one or more areas of basic emotional and psychological need. Partly as a result of such studies, experts in recent years have increasingly supported prevention programs dealing with the social and psychological factors that underlie drug abuse rather than drug abuse itself. Drug abuse is regarded as a "symptom" of more basic problems.

These problems can be both personal and societal. One child may lack self-esteem, for example, because his or her parents are unhappy in their marriage and are unable to provide a supportive, loving home. The child is left feeling unloved and disoriented. Low self-esteem in another child may be the result of poverty or racial discrimination. The sources of negative pressure in each case are entirely different, but the results can be equally destructive to the child's self-esteem.

Regardless of how one views the environment in which today's young people grow up, the stresses and problems of contemporary society contribute heavily to factors that have been linked with drug abuse. For example, the family, the primary focus of child-rearing and the development of values, is besieged by financial and social pressures. More than half of the children in the United States now come from homes in which both parents work, in contrast to the pre-World War II years, when only one-fourth of America's children were from such families. Families are splitting in increasing numbers; the divorce rate has increased 700 percent since the turn of the century. In the absence of adequate parental nurturing, children's role models and values are often found in television programming.[4] One result of the influence of television is that numerous groups have organized to pressure television networks into developing more constructive forms of entertainment and to wean children away from television as much as possible.

In the broad view even an effort to improve children's television programs could be seen as a form of drug abuse prevention as could programs designed to achieve better health care, a more equal distribution of wealth, and racial and class equality, along with a host of other programs aimed at providing Americans with happier, more productive, and more emotionally stable lives. Indeed, any program aimed at improving the quality of life fits in the area of drug abuse prevention as defined by hundreds of drug abuse prevention specialists in a series of meetings organized by the National Institute on Drug Abuse. The purpose of the meetings was to define drug abuse prevention and to articulate a comprehensive drug abuse prevention strategy. According to the definition developed at these meetings, drug abuse prevention is

> . . . a constructive process designed to promote personal and social growth of the individual toward full human potential; and thereby inhibit or reduce physical, mental, emotional, or social impairment which results in or from the abuse of chemical substances.[5]

It is not just a coincidence that programs so defined also can help to prevent many other dysfunctional behaviors in addition to drug abuse. In fact, the rationale for drug abuse prevention described in this chapter has been applied with equal effectiveness to the prevention of juvenile delinquency, school vandalism, and similar problems that have troubled schools and communities in recent years.

Given the infinite possibilities implicit in the concept of drug abuse prevention, most prevention programs are limited to a specific and relatively narrow target. A majority of the programs focus on young people, especially those of school age. This focus continues to prevail in drug abuse prevention programs, and it also reflects the fact that behavior patterns associated with drug use frequently begin in youth, particularly during the high-risk period of adolescence. In addition, adults who have a direct impact on young people (parents, teachers, counselors, and probation officers) comprise an important secondary target of drug abuse prevention programs.

Programs that reach a broad population of youth are categorized as *primary prevention;* they attempt to prevent problems associated with drug abuse

[2]R. H. Blum and Associates. *Horatio Alger's Children.* San Francisco, Calif.: Jossey-Bass, Inc., Pubs., 1972, pp. 95—108.

[3]B. I. Bloom. "Primary Prevention Opportunities and Problems." Paper presented at ADAMHA Annual Conference of the State and Territorial Alcohol, Drug Abuse, and Mental Health Authorities. Denver, Colo., 1976.

[4]K. Kenniston and the Carnegie Council on Children. *All Our Children: The American Family Under Pressure.* New York, N.Y.: Harcourt, Brace, Jovanovich, Inc., 1977.

[5]National Institute on Drug Abuse. *Toward a National Strategy for Primary Drug Abuse Prevention.* Rockville, Md.: National Clearinghouse for Drug Abuse Information, 1975.

before the problems begin. Other programs deal with the narrower population of youth who have already demonstrated signs of dysfunctional behavior; these programs are categorized as a secondary prevention or *early intervention*. Early intervention programs tend to deal with high-risk youth, often adolescents who may already have begun to experiment with drugs; but both categories of programs are designed to precede instances of actual drug dependency or hard-core abuse. Programs aimed at dealing with drug abuse itself are sometimes described as "tertiary prevention" but are more properly categorized as *treatment*.

Within the realm of primary prevention, many different kinds of activities, or "strategies" for prevention, are commonly employed. In schools prevention strategies frequently focus on the feelings associated with self-esteem, interpersonal and communication skills, values, decision-making and problem-solving skills, improvements in classroom climate, and related areas that are not ordinarily included in the schools' traditional focus on basic literacy, mathematics, social studies, and science. Another widely used prevention strategy, individual and group counseling, can be a form of both primary prevention and early intervention. Recognizing the importance of the peer group, particularly in adolescence, directors of many school-based prevention programs train peer counselors who conduct informal counseling with students their own age and younger. All of these strategies stressing personal, interpersonal, and emotional growth are known collectively as *affective education* strategies. Since they comprise an important part of many successful school-based drug abuse prevention programs, some of the specific strategies are worth examining in more detail.

### Self-Esteem Building

Although the influences of the family and the home in the preschool years are recognized as being critically important to building self-esteem, the strategy of self-esteem building is based on the assumption that a child's experience in school can also be an important factor. However, no formula or set of specific techniques exists for a teacher to use to enhance children's self-esteem. Often self-esteem building must be done on an individual basis, possibly involving intensive counseling and skill building for children whose self-esteem is markedly low.

Appropriate techniques for building self-esteem also depend on the age of the students. Classroom approaches for younger children frequently center on the experience of sharing in a small group, with an emphasis on listening skills and respect for different points of view. This technique is the one that *Magic Circle*,[6] a structured program for the development of social skills in the elementary school classroom, is designed to take advantage of. At the upper elementary and secondary levels, self-esteem building techniques often take the form of structured exercises or games such as the following:

- *Labels.* In "Labels" each student receives several blank stick-on labels with the instruction to write on the labels positive things about other students in the class. Then, without talking, the students spend ten minutes passing out these silent, ego-building compliments.
- *Successes.* "Successes" requires the class to keep a bulletin board on which students note various successes that they have had during the day. Entries on the bulletin board are made at the same time each day.
- *IALAC.* Another strategy involves the teacher's reading the "IALAC" story, a classic of affective education developed by Sidney Simon and Merrill Harmin. "IALAC" is about a boy who wakes up in the morning wearing a sign reading "I Am Lovable and Capable (IALAC)." During the day the boy has several discouraging and defeating experiences, and with each one a piece of his IALAC sign is torn away. Finally, at the end of the day the sign is gone, and the boy's self-esteem has been badly hurt. The concept of the IALAC sign can be used in a variety of ways. For example, everyone in the class can have his or her own IALAC sign and rip off pieces whenever events occur to damage his or her self-esteem; the class can try to help each other end the week with as few "rips" in the signs as possible.

Perhaps more than any other affective strategy, self-esteem building should not be viewed just in terms of a series of exercises or structured experiences. Specific classroom activities are only one aspect of a concentrated effort to build students' self-esteem. Improving the school and classroom climate are equally important and may require far-reaching changes in the way in which a school operates. In many schools, for example, periodic "human relations days" are conducted, usually in a setting away from the school building and where students and teachers can get to know each other in a friendly, personal atmosphere without the con-

[6] Uvaldo Palomeres. *Magic Circle* (a human development program with emphasis on self-fulfillment, and the enjoyment of healthy social relationships). La Mesa, Calif.: The Human Development Training Institute, 1977.

straint of conventional stereotypes and roles. Human relations days often involve specific exercises like the ones previously described; usually they result in a series of recommendations for making the school a better and happier place for teachers and students alike.

### Communication Training

Closely linked with self-esteem building is the development of effective communication skills. At the elementary school level, improving communication and social interaction is an important aspect of such programs as *Magic Circle*, which stresses the importance of listening and communicating within the group; the "medium" and the "message" of the program are mutually supportive.

On a more intellectually sophisticated level, many programs for teachers, parents, and secondary-level students are designed to help build specific skills for receiving and communicating information, identifying and validating feelings, and resolving conflicts that arise from poor communication or clashing points of view. A leading proponent of this approach is Thomas Gordon, a psychiatrist, who, through his books, *Parent Effectiveness Training*[7] ("P.E.T.") and *Teacher Effectiveness Training*[8] ("T.E.T."), has encouraged the development of a nationwide network of training centers and classes for parents, teachers, and young people as well.

One of the main tenets of Gordon's approach is the elimination of such communication "roadblocks" as sarcasm, put-downs, advice giving, criticism, judgments, and lectures. According to Gordon, these common reactions to children's behavior and problems preclude communication and mutual understanding. As an alternative Gordon advocates "active listening"—a response to the child's problem that communicates to the child that the adult hears and understands. Sometimes this practice is described as "reflective listening," since in many instances the adult will actually repeat what the child has said almost verbatim to communicate that he or she hears and understands. Active listening leads to trust and mutual respect, Gordon believes, and is, therefore, a necessary ingredient of effective problem solving.

Although exercises and techniques to promote active listening and similar communication skills can seem awkward or stilted at first, they can help to change adult-child communication patterns that have been characterized mainly by roadblocks for a long time. Eventually, teachers, parents, and children can become familiar with the new skills and can accept them as part of a new way of relating to each other. Thus, while adults who have gone through communication training may never refer to the training directly, it can dramatically improve their relationships with children and help to create a more positive, accepting environment for learning and growth.

### Values Clarification

"Values clarification" is the term coined by Louis Raths, Sidney Simon, Merrill Harmin, and others to describe a process of understanding, articulating, expressing, and acting on one's values. It is based on the premise that people make many important life decisions without understanding the reasons for their choices and actions. Raths, Simon, Harmin, and the others have developed values clarification techniques into an all-encompassing system that includes hundreds of structured activities.[9] Furthermore, the techniques of values clarification can be used either alone, isolated from other course content, or as a part of the conventional curriculum.

Many values clarification techniques are so well known that they are used in a majority of school-based drug abuse prevention programs. These include such exercises as the following:

- *Twenty things I like to do.* The students are asked to list in a column 20 things that they like to do in or out of school. Then, beside each item the students add one or more of several symbols that are appropriate to that item—for example, "$," meaning that the activity involves spending money; "A," meaning that it is an activity that they like to do alone; or "O," meaning that it is an activity that they like to do with other people. They also fill in the date on which they last engaged in each activity. After the lists are completed, the students discuss questions such as: "Am I doing enough of the things I like to do?" or "What does my list tell me about myself?"
- *Forced choice.* The students are asked to take a stand on one of several undesirable alternatives. For example, "If you were a parent and your son got into trouble, which of the following do you think would be the worst problem?

[7]Thomas Gordon. *Parent Effectiveness Training: The Tested New Way to Raise Responsible Children.* New York, N.Y.: New American Library, 1975.

[8]Thomas Gordon. *Teacher Effectiveness Training.* New York, N.Y.: Longman, Inc., 1977.

[9]S. B. Simon and others. *Values Clarification.* New York, N.Y.: Hart Publishing Company, 1972.

(A) marijuana smoking; (B) alcohol drinking; (C) stealing; or (D) cheating on a test in school."

- *The continuum.* The teacher indicates an imaginary line on the floor and explains that each end of the line represents an extreme point of view on a controversial issue. For example, "This end is Peaceful Paul. He believes that the United States should cease manufacturing weapons and that the Department of Defense should be abolished. The other end is Militant Mark. He believes that the United States should immediately drop H-bombs on all hostile countries." The students are then asked to stand at the point on the continuum that best represents their own views and then to explain the positions they have taken.

Another approach to values education that is used extensively in California school districts (and in other states as well) is the use of the "valuing" concept that was initially implemented in 1969 in the Coronado Unified School District. For the last four years, the leading California advocates of this approach, Herbert Brayer and Bert Simpson, have continued and modified the program, now entitled "Teaching for Responsible Behavior" (TRB), under the aegis of the Orange County Drug Abuse Prevention Education Center.

The Orange County TRB model is based on a set of eight universal human needs or values. These eight needs—affection, respect, skill, enlightenment (knowledge), power, wealth, well-being, and rectitude (responsibility)—are viewed in the TRB system as fundamental motivating factors that underlie all human behavior regardless of race, culture, or status. The priority of the eight needs varies from one individual to another and even within different periods of an individual's life. Used to train parents and community agency staff as well as students and school personnel, the TRB program is designed to encourage a broad orientation to the eight needs both at home and in school and an awareness that individuals develop coping behaviors to satisfy these needs.

Like values clarification, the TRB program includes both a framework for viewing human development and a program of specific exercises that teachers can use to make students aware of the needs that are most important, or valued, at particular times. The program also includes techniques for parents and teachers to use in helping young people satisfy their needs in healthy, constructive ways.

### Decision Making/Problem Solving

Effective decision making is critical to drug abuse prevention, and many other aspects of affective development, such as self-esteem and values clarification, contribute to effective decision making. Therefore, classroom drug abuse prevention programs often contain several of the affective strategies in a single curriculum unit, concluding with a series of decision-making exercises. These exercises can help students to practice decision making deliberately and consciously in the safe setting of the classroom "laboratory."

A common decision-making technique is based on a series of steps such as the following:

- Define the problem or decision to be made.
- Identify alternatives.
- Evaluate the merits of each alternative.
- Select an alternative.
- Take the necessary action.
- Evaluate the results and revise the decision, if necessary.

While this process generally applies to individual decisions, the same sequence of steps can be used in group problem-solving situations and in conflict resolution. In the classroom role playing is frequently used to make decision-making exercises more vivid. For example, students might be asked to play the various roles in the following situation and to make appropriate decisions where indicated:

> Mary, a fifteen-year-old, goes to a party with sixteen-year-old Bill, whom she likes a great deal. Most of the people at the party are high school seniors. Early in the evening Mary and Bill have a good time. Later, some of the older students start drinking beer. Finally, one boy produces some pills that he says will get everyone "high." All of the others agree to try the pills, although no one knows exactly what they are. Mary has never even touched cigarettes, alcohol, or marijuana; and she does not want to try the pills. Bill wants to be accepted by his older friends, but he is nervous about using a drug that he knows nothing about. What do you think Bill and Mary will do?

In making their decisions, the students who play Mary and Bill must evaluate a wide range of feelings, alternatives, and personal values. Using such real-life situations, students have an opportunity to evaluate and discuss the alternatives without the risk of making a possibly painful mistake.

A number of curriculum packages and manuals on decision-making techniques are available. Several are listed in the reference section.

Affective strategies like those just described are widely used in school-based drug abuse prevention programs. Affective programs in which these strategies are used often avoid any mention of drugs. These programs are generally termed "nonspecific," in contrast to "drug specific" programs, which include facts about drugs and alcohol, either through affective exercises or through the more traditional informational approach. By the mid-1970s, however, most school-based prevention program personnel who were not still using the traditional informational approach had begun to favor nonspecific affective education almost exclusively. Only recently have educators in school-based programs begun to reintroduce drug information as part of a total substance abuse prevention effort.

"The pendulum is swinging back the other way again," according to Eric Schaps, a California drug abuse prevention specialist and program evaluator. "Program personnel are beginning to take another look at information now, and there's new evidence that the original information programs were very badly implemented. The evidence that drug information programs don't work isn't the whole story at all."[10]

### Information

Several new techniques for introducing information make this "swing of the pendulum" quite different from the original scare tactics that have been so widely discredited. Many programs, for example, cover a variety of toxic and dangerous substances in addition to drugs. In the primary and lower elementary grades, information programs begin with a focus on poisons, home safety, and other common topics relevant to the interests and experience of younger children. In the upper grades the emphasis shifts to the presenting of facts about drugs and alcohol in a straightforward, nonjudgmental manner to help students make their own decisions about drug use. Such an approach is in contrast to the heavily moralistic style of informational programs in the past.

The procedures used by Bob Barnecut, a specialist in drug and alcohol abuse prevention with the Marin County Community Mental Health Department, typify the new approach. Barnecut makes a series of presentations each year in schools in the county, offering his services at no charge on a first-come, first-served basis. His schedule for the school year fills up early in September. In addition to presenting nonthreatening facts about drugs and alcohol, a large part of Barnecut's classroom presentations is focused on factors that influence drug and alcohol use. The factors include social and cultural pressures, the peer group, and advertising. Barnecut does not limit his presentations to information about commonly used illicit drugs and alcohol. He includes information about the potential hazards of caffeine, tobacco, over-the-counter drugs, and prescription drugs. According to Barnecut, "If one objective can be singled out, it is to teach children that *all* drugs are foreign substances and should not be taken into their bodies casually."[11]

The Orange County Drug Abuse Prevention Education Center sponsors a different kind of information program. Several weeks before making informational presentations on drugs in any of the county schools, a representative of the center asks students to submit written questions about drugs and related issues. Staff members then can focus on answering those questions in their classroom presentations.

Another approach is represented by *Deciding*,[12] an alcohol education unit developd by the staff of Alameda County's Training and Development Center (formerly the Drug Education Center) and designed for pupils in the upper elementary grades. This "self-instructional" unit contains instructions for a series of ten activities designed to help pupils explore information about alcohol with a minimum of direction from the teacher. Rather than passively absorbing facts from a lecture, the pupils are encouraged to seek out alcohol information in response to interesting games and activities.

Most of the prevention strategies and techniques described here can be, and usually are, incorporated into the conventional self-contained classroom; that is, using lectures, discussions, or small group activities in which the teacher is the director of the entire learning process. Other prevention strategies are designed to increase self-esteem and deal with drug-related problems by the use of learning structures that are significantly different from the standard classroom structure.

### Peer Tutoring

Widely publicized by a series of experimental programs initiated by the National Commission on Resources for Youth (NCRY) in the 1960s, peer

[10] Personal interview conducted for this publication.

[11] Personal interview conducted for this publication.

[12] Jeff Muller and Barbara Newell. *Deciding* (self-instructional alcohol education module with open-end learning activities). Hayward, Calif.: Office of the Alameda County Superintendent of Schools, 1975.

tutoring has functioned ever since as a powerful tool for developing students' self-esteem and cognitive skills. Thousands of schools across the country now have peer tutoring programs. Conceptually, peer tutoring is one of the simplest drug abuse prevention strategies. It involves students working together, usually in pairs, in a tutoring relationship. The students may be classmates who work quietly in a corner of the room while the rest of the class continues with a lesson; or they may be older children working with younger children, possibly in a tutoring room set aside for the purpose.

Evaluations of peer tutoring programs have indicated that even tutors who are underachievers make significant gains in academic skills when they teach children who are less advanced. Peer tutoring also contributes to improved self-concept. The strategy works particularly well with students who are generally "turned off" to more conventional school and classroom activities.

Although peer tutoring may sound easy to implement, much preparation, training of tutors, and sensitive supervision is required to make a peer tutoring program work. An extensive peer tutoring program may require a special tutoring room and a full-time trainer-supervisor. Many underachieving or disruptive students can benefit substantially from becoming peer tutors, but only when they have consistent help and support.

### Peer Counseling

Peer counseling programs are similar to peer tutoring programs; both strategies involve students' helping each other. While careful preparation and training can make the difference between a strong peer tutoring program and a weak one, such preparation and training are essential before peer counseling can take place. Peer counselors perform a function in their schools (usually only at the secondary level) ancillary to that of teachers and professional counselors; they are a resource for students who may be too afraid or suspicious to confide in an adult. Therefore, peer counselors must be prepared with skills and information so that they can be genuinely helpful in crisis or problem situations.

Usually, potential peer counselors take a semester course, often for credit, in counseling techniques and community resources. In most peer counseling courses, students learn communication techniques such as active listening and make extensive use of role playing in counseling situations. One important part of peer counseling training is learning how to avoid giving advice; instead, for acute crisis situations counselors are provided with information about community resources to which students with serious personal or family problems can be referred. Schools with peer counseling programs often set up a specific room for peer counseling. When the program begins, all of the students are informed that the room and the peer counselors will be available at certain hours of the day. Frequently, peer counselors, like their adult counterparts, have appointments with their "clients" over a period of weeks. With careful adult supervision and protection of the students' confidentiality, peer counseling can be a highly effective intervention in day-to-day school problems.

### Alternatives to Drugs

"Alternatives to drugs" is not so much a single strategy as it is a broad concept encompassing many different activities. Essentially it is based on the premise that aimlessness and boredom contribute heavily to drug abuse. Frequently, in surveys of drug use, young people say that a major reason for using drugs is that "there's nothing better to do." The concept presented in the alternatives strategy is to provide *something better.*

Many alternatives programs take place in community recreation centers. Some offer part-time employment opportunities. Painting, dance, yoga, aikido, "new games" tournaments featuring noncompetitive athletic events—all can be viewed as alternatives to drugs.

At times the definition of an activity as an alternative to drugs may depend on the context in which it is presented. An arts and crafts program sponsored by the local YMCA may be just an arts and crafts program to some observers, but the same kind of program sponsored by a local drug abuse agency might be classified as a form of prevention. Often the main difference is that alternative activities are presented in conjunction with other program components, such as counseling, that are more directly relevant to drug problems. On the other hand, many programs that are designed specifically to provide alternatives to drugs make no mention of drugs.

Alternatives programs are best suited to the secondary level, but they may be awkward for schools to organize. Team sports, clubs, and other normal school activities certainly qualify as alternatives to drugs, but additional activities for low-achieving or alienated students may also be needed. Since many schools' resources are already being strained to provide even the more conventional extracurricular activities, alternatives programs more often operate in community-based agencies such as

YMCAs, recreation centers, or community-based counseling centers. In several of the programs included in the research for this publication, school staff members and representatives of community agencies shared the responsibility for initiating and obtaining financial support for alternative activities.

The range of positive alternatives to drug use is virtually limitless, and so are the different ways in which alternatives programs can be initiated and supported. A recreation center in an unused school building in a community that had no youth center before; a series of dances and games in the school gym on Saturday nights in another community plagued by youth with nothing to do on weekends; a placement and training service for part-time jobs; weekend camping trips organized by teachers and students together—all are ways of creating meaningful alternatives to drugs.

### Parent Education

Most school-based programs that take a comprehensive approach to drug abuse prevention are designed to involve parents as well as school personnel and youth. The logic of parent involvement in drug abuse prevention is irrefutable: parents have the strongest influence on young people's development. Even parents of teenage children who may already have problems with drugs can learn ways of helping their younger children to avoid similar problems. Many parent education programs, moreover, help to intervene in situations in which problems have alrady developed. Parent effectiveness training, for example, provides families with communication skills and techniques for resolving conflicts.

To be most effective as a form of prevention, parent education programs must include the parents of children in the elementary grades. These programs may cover a range of concerns that includes effective *parenting* skills, on the one hand, and straightforward information about drug and alcohol use, on the other. Often, school-sponsored sessions offer unique opportunities for parents to discuss drug-related issues and to learn, perhaps for the first time, that they are not alone in their fears about drug use.

Like the alternatives programs, parent education can be difficult for schools to implement because of a lack of organizational resources. In some school districts the adult education unit may be able to offer parent education programs. Parent effectiveness training programs are frequently sponsored by city and county mental health agencies. Schools can assist those agencies by recruiting parents, sending out information about the program through PTA newsletters and other communications networks, and providing meeting space.

One of the most important elements in a good parent education program is *recruiting*. In communities with active parent organizations, recruiting is usually not a problem, yet parents of elementary schoolchildren generally participate more in school affairs than do parents of children at the secondary level. In some communities, particularly low socioeconomic communities, parents may feel awkward and unwelcome at school.

One Whittier, California, school district has made parent education a component of its school discipline and local juvenile justice system. The family of any student who has had a serious conflict with either school or legal authorities is required to attend a family communication and problem-solving course offered by Project INFO, a local agency, one evening a week for seven consecutive weeks. "Many of these families haven't spent that much time together since the children were babies," said Liz Woodard, the program's director.[13]

Programs that are designed to reach apathetic parents of elementary schoolchildren must rely on vigorous public relations efforts. Usually, when a parent education program wins support from a small group of parents who have participated in it and who are convinced of its value, the news travels by word of mouth, and other parents are eager to join.

Although some school-based program plans include all of the strategies mentioned or a set of similar strategies as part of a comprehensive drug abuse prevention effort, the schools or districts that have the time and resources for such an extensive program are clearly in a minority. Moreover, successful comprehensive school-based programs usually evolve over a period of time. They may start, for example, with one or two teachers who are dissatisfied with the traditional approach to presenting information about drugs and who want to offer an elective course that includes values clarification or decision making in addition to information. Gradually such a program might expand to include a peer counseling or peer tutoring component. If the program is successful, it usually gains broader support. Positive, constructive changes eventually spread through the school or the district.

But what of the school that is too troubled to consider implementing a long-range program or even to change its approach to drugs and related

[13]Personal interview conducted for this publication.

problems? Jeanne Gibbs, director of the Center for Human Development, formerly a component of the Office of the Contra Costa County Superintendent of Schools and now a nonprofit company, believes that the most important service her agency can provide is assistance in problem solving and organizational development. "We have to take a total systems approach," said Gibbs, in an interview for this publication. "I think the prevention field has had to get much more sophisticated, and we can't just give schools curriculum packages or different activities to do any more. Our approach is to work with a school over a long period of time. If somebody calls us for assistance, we want to know immediately what the problems are. Is it kids breaking windows, or is it teachers under such stress that they can't even talk to the principal? Often they're asking for more controls in the school. The first thing we do is find out where they're hurting and what they really need. Often they call us and say they want a new drug education curriculum; but when we start working with them, we find there are preliminary needs that have to be met first."

In Gibbs' view, while a comprehensive drug abuse prevention program with a wide range of strategies can be a long-term goal, the first criterion for an effective prevention program is a genuine commitment to doing something, not just about drug-related problems but about school problems as well. Gibbs refers to the concept of a "pyramid of prevention" developed by center training director Andre Allen (see Figure 1 on page 16). "We'll catch a school anywhere on this pyramid," says Gibbs. "Even if all they want is a single presentation about drugs, that's what we'll give them—as long as it will lead to something else."[14]

### Drug Abuse Prevention or Skill Development

Many of the strategies described in this chapter include cognitive as well as affective learning experiences. The emphasis in these strategies is on activities that are not part of what is generally viewed as the primary mission of schools: the development of basic skills. Because affective education techniques and other aspects of drug abuse prevention programs in schools may be unfamiliar, teachers, administrators, and parents may, in fact, mistakenly conclude that the activities are unrelated to the development of basic skills. At a time when there is nationwide concern about declining student achievement in language arts, mathematics, science, and social studies, this misunderstanding creates an issue that initiators and coordinators of drug abuse prevention programs must be prepared to address.

The concern that drug abuse prevention may not be relevant to skill development is partly based on the mistaken notion that schools can separate the cognitive and affective realms, teaching one or the other in total isolation. In fact, the "hidden curriculum" of a teacher-dominated classroom in which the students are expected to memorize factual information in preparation for a written test, for example, results in a great deal of affective learning. The students often learn in such a classroom that the best way to be successful in school is to tell the teacher exactly what he or she wants to hear and not to offer any opinions that diverge from the teacher's expectations. Affective learning takes place, in short, whether the teacher deliberately plans structured affective exercises or not.

In addition, personal and interpersonal problems are often the main deterrent to cognitive learning in the classroom. In social science research self-esteem is commonly linked not only with drug abuse but also with low academic achievement. Teenagers with the fairly typical problem of being caught in a value or decision-making "crisis" without resources for helping themselves are not likely to show up in algebra class with bright faces, eager to learn. And teachers who have fallen into the habit of yelling to establish control are too weary most of the time to get any teaching done, much less to enjoy a relationship of mutual respect with their students. Since drug abuse prevention strategies invariably affect these factors and, therefore, cognitive learning, schools that make a commitment to long-term prevention activities are usually more productive places for affective and cognitive learning alike.

No substitute for rigorous and competent instruction in the basic skills can be found, of course. At times advocates of drug abuse prevention have probably erred in going too far in the direction of creating a warm, accepting, and tolerant climate to help develop students' self-esteem; whereas, a careful balance of affective and cognitive learning is essential to a student's optimum growth and development in school. If a student is seriously deficient in basic skills, an "IALAC" sign without any rips in it is at best a hollow victory.

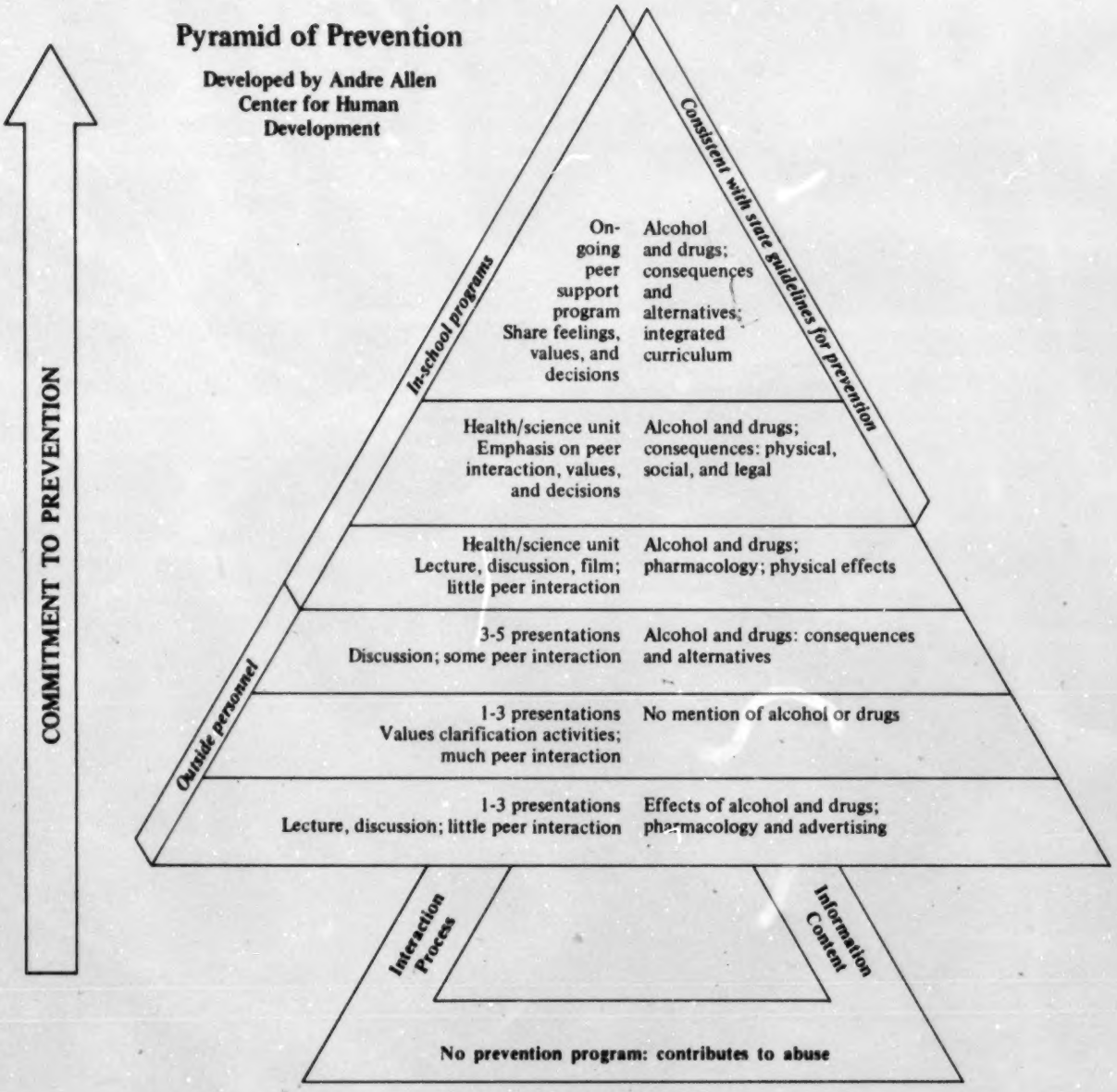
### Who Will Conduct School-Based Drug Abuse Prevention Programs

Especially at this time, when schools' resources for acquiring outside help are increasingly limited,

[14]Personal interview conducted for this publication.

## Pyramid of Prevention

**Developed by Andre Allen**
**Center for Human**
**Development**


COMMITMENT TO PREVENTION
Consistent with state guidelines for prevention
In-school programs
Outside personnel
On-going peer support program Share feelings, values, and decisions
Alcohol and drugs; consequences and alternatives; integrated curriculum
Health/science unit Emphasis on peer interaction, values, and decisions
Alcohol and drugs; consequences: physical, social, and legal
Health/science unit Lecture, discussion, film; little peer interaction
Alcohol and drugs; pharmacology; physical effects
3-5 presentations Discussion; some peer interaction
Alcohol and drugs: consequences and alternatives
1-3 presentations Values clarification activities; much peer interaction
No mention of alcohol or drugs
1-3 presentations Lecture, discussion; little peer interaction
Effects of alcohol and drugs; pharmacology and advertising
Interaction Process
Information Content
No prevention program: contributes to abuse

**Levels of school commitment to substance-abuse prevention**

**NOTE:** The concept of prevention represented in this diagram is based on the assumption that both process (group interaction and affective development) and content (information) are equally important to a prevention program and that the program will be less effective if reliance is placed on only one or the other.

teachers, counselors, and administrators must be the primary resources for drug abuse prevention activities. Therefore, intensive inservice training for all school personnel involved in a program is becoming an increasingly important aspect of a comprehensive approach to drug abuse prevention. (For a discussion of training approaches, see page 42.) Peer tutoring and peer counseling programs can help to relieve over-burdened school staff members. This approach is hardly an innovation; it is similar to the practices used in the days of the one-room schoolhouse, when children commonly helped each other and, thus, helped to reduce the teacher's work load. Frequently, schools benefit from cooperative working relationships with local youth service, mental health, juvenile justice, and drug and alcohol abuse agencies. All of these agencies have an implicit mandate to reach young people in schools, and partnerships between the schools and local agencies can be mutually beneficial.

Since prevention programs require a great deal of time, energy, and commitment, usually only a few individuals will become program initiators. They are the ones who develop the basic concept of the program, convince the school and district administration of its merit, secure funding, monitor the program's implementation, and continually recruit new participants. For these people drug abuse prevention usually becomes a "cause." Almost any school staff member, convinced of the value of drug abuse prevention, can be a program initiator; yet those with flexible schedules or administrative responsibilities (e.g., counselors, resource teachers, administrative staff, or outside consultants) are in a better position than most classroom teachers to undertake the extra work and commitment required to launch a prevention program.

### Scheduling of Drug Abuse Prevention Activities

One of the major premises for school-based drug abuse prevention programs presented in this chapter is that prevention activities will not be limited to one particular class, such as health, driver training, or "state requirements," as is often the case in California schools. Although these courses may be worthwhile starting points for a prevention program, the long-term goal should be to reach as many members of the school and its community as possible.

Thus, while it is appropriate for instruction about substance abuse to be included in a comprehensive health education program, as described in the *Health Instruction Framework for California Public Schools,* a well-developed substance abuse program will involve a substantial portion of the faculty.

# 3
# Drug Abuse Prevention in California Schools

It is often said that California leads the rest of the country in cultural trends and life-styles. Certainly, Californians were in the vanguard of the youth rebellion of the 1960s, and California was also one of the first states to experience a serious drug abuse problem among youth at about the same time. As a result, in the early 1970s California also became an important source of new approaches to drug abuse prevention. In California the need for effective programs for drug abuse prevention and control was felt sooner, and more keenly, than elsewhere.

Some of California's strength in prevention programming reflected the state's position as the most populous in the country; federal funds for drug abuse, alcoholism, youth service, and mental health programs are often divided among the states on the basis of population. For the last six years, California has also been the base of one of five regional training centers sponsored by the U.S. Office of Education to train teams of school staff and community members in developing drug abuse prevention programs. The USOE Region VIII training center, a program of Awareness House, Inc., located at Mills College in Oakland, has provided two-week residential training programs for more than 350 California teams since it opened in 1972. In addition, California is the home of numerous organizations that conduct nationally significant research and evaluation programs or provide technical assistance relating to drug abuse. Notable among these have been the Social Action Research Center in San Rafael; the Social Research Group of the University of California School of Public Health in Berkeley; and the Pacific Institute for Research and Evaluation in Walnut Creek.

The combination of these unique resources and the pressing need for drug abuse prevention and control in California has led to an informal statewide network for information sharing and mutual support among California drug abuse prevention organizations and agencies. It is a network to which the State Department of Education has, at various times, contributed direction, leadership, and both financial and technical support.

### The Role of the State Department of Education

Some form of school-based drug education has been mandated by the California Education Code

since the 1880s. The State Department of Education has traditionally had the primary responsibility for coordinating programs designed to satisfy the requirements of the Education Code, but the Department's activities in the area of drug education intensified dramatically in the late 1960s. At that time the Education Code was amended to require as part of the course of study in California schools "health, including the effects of alcohol, narcotics, drugs, and tobacco upon the human body" (Section 51202). This was the legal mandate for what became a far-reaching drug abuse prevention effort.

In 1967 the Department published an updated drug education manual entitled *Drug Abuse: A Source Book and Guide for Teachers.* The publication contained a philosophy of drug education and prevention that is still an important part of the Department's approach:

> Knowledge about dangerous substances is, for many adolescents, inadequate as a deterrent to drug abuse. Knowledge must be reinforced by the capacity to meet life's challenges and enjoy life's rewards without recourse to drugs. Therefore, education relative to drug abuse demands increasing attention to the physical, mental, and social well-being of pupils. The ultimate solution, if one exists, to the problem of drug abuse rests not in the control of drugs but in the development of human beings who are resistant to drug abuse.[1]

Shortly after the guide was published, the Department of Education joined with the Department of Public Health in an effort to identify the most effective means of providing drug education. After two years of reviewing prevention programs and surveying students and teachers, the collaborative effort led to conclusions that supported the philosophy expressed in the earlier guide. As stated in the final report[2] of the study, these included the following:

- The primary function of the school in drug education is the development and implementation of programs that are preventive in design.
- Effective preventive drug education programs involve a variety of approaches and, in general, include the following steps:
  - A. Recognizing drug misuse and abuse as symptoms and focusing on the causes
  - B. Beginning at the earliest grade level with appropriate factual information adjusted to the readiness of the students
  - C. Emphasizing the individual and interpersonal relationships and activities
  - D. Approaching drug education as an ongoing program throughout the school year
  - E. Providing alternative behavior patterns for the student
- A wide variety of persons can be used in instructional roles. The most appropriate personnel should be chosen in accordance with the specific needs of each situation.
- No one program of drug education appears to produce significantly better results than any other program evaluated in this study.
- A great need exists for trained personnel to provide leadership in the area of drug education for school districts and communities.
- An effective system for the dissemination of drug research data and information is needed in the state.

At about the same time that the study was concluded, the Department of Education published its first *Framework for Health Instruction in California Public Schools* (1970), in which drug use and misuse comprised one of ten major content areas. This emphasis was continued in the revised framework, published in 1978.

While the advances in drug education policy and planning were helpful, the continuing urgency of the drug problem created a demand for expanded programs and increased funding for drug education at all levels. In 1970 the Department received a three-year grant from the U.S. Office of Education as part of the National Drug Education Training Program. That same year the Superintendent of Public Instruction made drug education a top priority of the Department and appointed a Drug Education Task Force to study drug abuse, identify effective drug education programs and strategies, and recommend appropriate action. The combined resources of the Drug Education Training Program and the Drug Education Task Force provided a new thrust for planning and program implementation in the state and helped to make the Department a clearinghouse for ideas and information about drug education and drug abuse prevention.

### The 'New' Programs

During the first year the members of the Drug Education Task Force and the staff of the State Drug Education Training Program rallied support for drug education throughout the state, assessed

[1] *Drug Abuse: A Source Book and Guide for Teachers.* Sacramento, Calif.: California State Department of Education, 1968.

[2] *A Study of More Effective Education Relative to Narcotics, Other Harmful Drugs, and Hallucinogenic Substances: A Progress Report Submitted to the California Legislature as Required by Chapter 1437, Statutes of 1968.* Sacramento, Calif.: State Department of Education, 1970.

school districts' training needs, and began to develop and compile prevention strategies that could be replicated in district-level drug education and prevention programs. The new coalition also helped to influence the Legislature to take a fresh look at drug education and to enact a much more specific law than had previously existed. The result was the Drug Education Act of 1971, which provided the clearest legislative mandate for drug education to date. The act called for "a comprehensive statewide program on drug education for all pupils . . on the nature and effects of the use of tobacco, alcohol, narcotics, restricted dangerous drugs . . . and other dangerous substances . . . ."[3] The program was to provide all of the following:

- Sequential instruction in kindergarten and grades 1 through 12
- Preservice and in-service training for school personnel
- Instructional materials for pupils and teachers
- Identification and reporting of promising programs of instruction and counseling
- Promotion of effective liaison between school and community, involving parents, pupils, community health agencies, law-enforcement agencies, and other concerned community groups[4]

The act also spelled out the responsibilities of the Department of Education for providing assistance to the statewide effort:

- Identifying innovative teaching methods
- Developing methods of evaluating the effectiveness of instruction in drug education
- Serving as the depository for the results of all research relative to drug education
- Assisting school districts in conducting teacher training programs
- Administering pilot projects on drug education and conducting teacher training
- Assisting in the development of adult education programs that emphasize the development of coordinated school-community programs relative to drug education

Furthermore, the act called for regional training programs for teams of teachers, administrators, youth, and community representatives. And the act required the governing board of each school district to adopt a drug education policy in accordance with guidelines for drug education established by the State Board of Education.

The Drug Education Act supported a training and program development effort that continued for the next six years. In a sense the effort had already begun in 1970 with the identification of promising strategies, the establishment of a depository of drug education information and curriculum materials, and the formulation of a comprehensive drug education philosophy. After passage of the Drug Education Act, however, the way was open for intensive program development aimed at the school district level.

In 1972 legislation was passed to require the now Department of Alcohol and Drug Abuse to assist local community organizations in initiating effective programs to prevent drug abuse and to coordinate statewide activities related to the prevention of drug abuse (Health and Safety Code sections 11866, 11980, and 11986).

To make the best use of the available time and resources, the Department of Education's drug education staff employed several different training models. Principal among these were the following:

- *Training of regional training teams.* Teams of six individuals from each of six regions in the state participated in five-day residential training sessions. These teams, in turn, trained teams of school personnel, students, and community members.
- *Regional leadership training.* A leadership team of Department staff members and representatives from drug education and prevention programs throughout the state provided training at convenient locations for school and community representatives.
- *Residential training at the Center for Drug Education Leadership Development,* adjacent to the campus of California State University, Sacramento. At this Department-sponsored center, teams of school staff members, community representatives, and students attended residential training sessions lasting from three to five days.

Whatever the format, the training generally involved a combination of didactic and experiential techniques to present three basic components:

- An introduction to the philosophy and theory of effective drug education
- An overview of drug education strategies and methods
- The development of an action plan to achieve goals and objectives for drug education

Over the six-year period during which the Department's training programs were in operation, more than 12,000 individuals and 400 teams received some form of training from Department staff and consultants. Nearly $65,000 of the funds provided

[3] Education Code Section 51261.

[4] Ibid.

by the Drug Education Act was used to pay the consultants who provided direct on-site technical assistance to Department-trained teams.

Another important element of the California drug education program was the adoption by the State Board of Education in May, 1973, of guidelines for drug education programs. Based on the findings of the Drug Education Task Force, these guidelines were consistent with the philosophy of the Department's training programs and further established the desirability of developing affective skills as part of a total drug abuse prevention strategy. The guidelines, based on the assumption that drug abuse is a symptom of deeper problems, contained recommendations for curriculum approaches with an emphasis on attitudes and decision making as well as information. The guidelines also contained recommendations for extensive in-service training for teachers, a careful review of drug education curriculum plans and materials, and specific qualifications for school staff members.

As a result of the Department's efforts, over a six-year period, school districts throughout the state began to shift from drug education programs that were based primarily on medical and legal information to more comprehensive programs that included values education, decision making, alternatives, and similar strategies. The activities of the informal center for resource and information sharing in Sacramento began to be duplicated by similar organizations at the county level. Counties that developed prevention networks maintaining regular communication with the Department of Education, and often with each other, were Alameda, Butte, Contra Costa, Fresno, Los Angeles, Mendocino, Merced, Mono, Orange, Sacramento, San Bernardino, San Diego, San Mateo, Santa Barbara, Santa Clara, Sutter, and Ventura. Thus, through county-level resources that reached school districts and community-based programs, the Department's statewide drug education program had a potential impact on most of the teachers, administrators, and students in the state's public schools.

During the 1977-78 school year, three substance abuse prevention projects were funded within the Department of Education. Each was designed to extend the successes of the earlier programs.

The Drug Abuse Technical Assistance Project, funded by the State Department of Health, Division of Substance Abuse[5], allocated approximately $400,000 to 18 California school districts. The allocations were made on the basis of competitive program proposals. This money, ranging from $10,000 to $39,000 per district, enabled the staff of local programs to implement new experimental approaches to drug abuse prevention; to conduct extensive, yet costly, research and evaluation efforts; and in some cases to implement new programs in communities which previously had had little or no prevention programming.

The second project, also funded by the Division of Substance Abuse, was entitled "Structuring for Prevention." This project involved three schools at three different levels (elementary, junior high, and senior high) as part of an effort to introduce comprehensive prevention programming in kindergarten through twelfth grade involving the entire faculty and administrative staff, parents, local juvenile justice and youth service personnel, and staff of the county health and education departments. Primarily through intensive in-service training, the project was designed to incorporate into the prevention program of each school a variety of the drug education strategies that had been developed by the Department during the previous six years. Two school districts were selected for the project: the Colton Joint Unified School District in San Bernardino County and the Thermalito Union Elementary School District in Butte County. An important part of this project was a thorough evaluation conducted by an outside agency.

The third project, the Alcohol Education Project, funded by the Office of Alcoholism[6], involved a series of five workshops and technical assistance efforts in six counties (Sacramento, Los Angeles, San Diego, San Luis Obispo/Santa Barbara (jointly), and Santa Clara) that had previously expressed a strong interest in developing more sophisticated approaches to substance abuse prevention. The workshops consisted of presentations and demonstrations of substance abuse education and prevention programs that had been identified as outstanding or exemplary. These presentations were followed by site-specific technical assistance.

In recent years two contrasting views of drug education curricula have evolved. Proponents of one view contend that highly structured materials, including step-by-step lesson plans, are needed to help teachers with classroom activities related to drug education. They maintain that teachers do not have the time or the skill to plan lessons around drug abuse prevention issues.

[5]On July 1, 1978, the Division of Substance Abuse was combined with the Office of Alcoholism to form the Department of Alcohol and Drug Abuse.

[6]On July 1, 1978, the Office of Alcoholism was combined with the Division of Substance Abuse to form the Department of Alcohol and Drug Abuse.

The other approach to drug education curricula is based on the assumption that teachers who have been thoroughly trained in affective education techniques and group-process skills will use appropriate drug education exercises at appropriate times, either as part of the standard course of study or as a separate drug education unit.

The variety of activities initiated or facilitated by the Department of Education between 1970 and 1978 ranged from the development of a philosophy and strategy for substance abuse prevention to the implementation of comprehensive prevention approaches in selected schools, school districts, and counties. Of course, the Department was only one of many elements in the evolution of some of the better known and enduring programs in the state. To present an overview of what several of these programs accomplished, the remainder of this chapter is devoted to brief program profiles. The approach of each program described here was developed to reflect the Department's philosophy and guidelines. Whether the directors of these programs worked closely with Department staff or independently, these programs are examples of the general approach to drug abuse prevention around which the Department's eight years of drug education activities have revolved.

**Santa Barbara County: The Interactive Learning Process (ILP) Model**

Penny Whitehead, a third grade teacher at the Miller Street Elementary School in Santa Maria conducts a class in drug education, part of a drug abuse prevention program. For one lesson, the teacher had taped on the chalkboard paper cutouts of two gigantic feet. On one the teacher had written "OK"; "NOT OK" had been written on the other. Before the lesson began, the teacher reminded the class that during the previous day they had talked about different kinds of drugs, advertising, and the different places where advertisements are found. The pupils agreed that television advertisements can reach more people at one time than any other form of advertising.

The teacher divided the class into groups and gave each group rectangular sheets of colored paper on which were printed the names of various drugs. She instructed the groups to decide whether each drug was "OK" or "NOT OK" to advertise on TV. The class took a few minutes to read the names of the drugs aloud and to define them. The teacher reminded the class about an important rule: There are no right or wrong answers. The class responded, "That's right; the important thing is what you think."

For about ten minutes the students discussed their ideas about the exercise. Then, the class was ready to share each group's responses. As the students identified their words as either "OK" or "NOT OK," it was clear that there is a great deal of unanimity. Marijuana and PCP are "NOT OK" to advertise on TV, the students agreed, while aspirin is "OK." Tobacco and alcohol were placed on both sides of the board.

When all of the words had been taped to the cutouts, the teacher asked the students what they had learned from the exercise. The responses varied: "Some of these drugs are bad and some are good"; "Different people make different decisions." Every student who wanted to speak had a chance to voice his or her idea.

As the final step in the lesson, the teacher distributed forms labeled "Opinion-gram." She asked the class: "If you were to give some advice to the people who do the advertising on TV, what would that advice be?" She instructed the students to complete the following: "To the people who advertise on TV: I urge you to . . . "

While the students completed their opinion-grams, the teacher moved around the room, looking at their papers and praising their efforts. "Boy, you're giving this a lot of thought, aren't you!" she said. "I'm really proud of you guys today."

Although this lesson may seem casual and spontaneous on the surface, it was based on a systematic teaching process devised by Eleazar Ruiz, drug education coordinator, Office of the Santa Barbara County Superintendent of Schools. Ruiz developed the Interactive Learning Process (ILP) model with funds provided by the U.S. Office of Education. Developed over a three-year period, the primary focus of Ruiz' project centered on the elimination of value conflicts and barriers to communication, the improvement of decision-making skills, and similar aspects of affective development among parents, children, and teachers.

The ILP model consists of four basic elements:

- *Stimulus.* The teacher presents information, issues, or questions relevant to a particular topic. This component of the lesson should last no more than ten minutes.
- *Involvement.* The students discuss the topic in small groups while the teacher moves from group to group. This component can last as long as 20 minutes.
- *Feedback.* The students report the groups' conclusions to the rest of the class.
- *Closure.* The teacher solicits verbal or written responses from the students about what they have learned from the lesson.

Although it was developed specifically for drug education programs, the ILP model is applicable to almost any subject area and offers a useful alternative to the more traditional lecture method. It is one of the essential components of a comprehensive approach to drug abuse prevention that Ruiz has implemented in Santa Barbara County. During the 1977-78 school year, the model was the main focus of an intensive teacher training program funded as part of the Department of Education's Drug Abuse Technical Assistance Project.

According to Penny Whitehead, one of the 1977-78 participants, one of the most important effects of the program is that she is not as critical of the children as she had been. She said that Dr. Ruiz had pointed out at the first workshop that if one accepts children as they are, teaching them becomes easier. She said that she had learned to accept what a child does as all right and to work on improvement from there. "Another important thing about ILP is that the information is in the kids," she said. "All you have to do is bring it out of them. When it's their own idea, they're more likely to live by it."[7]

The content of the ILP drug education lessons is varied, and Ruiz avoids prepackaged lesson plans. Instead, the 1977-78 project included intensive training in the use of the ILP model as a drug education teaching strategy. In addition, each teacher could receive as much as $100 to purchase drug education materials that he or she found useful. According to Ruiz, "The program gives teachers a process for humanizing teaching. Most of the teachers realize that it doesn't need to apply just to drugs. With this process it is easy for teachers to make their own lesson plans. As the old saying goes, 'Give people fish and they'll have food for a day; teach them how to fish and they'll have food for a lifetime."[8]

**Ventura County: A Course in Adolescent Development and Decision Making**

Prepackaged lesson plans and materials are included in a 16-lesson course in adolescent development and decision making that was developed by the staff of the Drug Education and Prevention Unit in the Ventura County Health Care Agency. With funds from the Department of Education's Drug Abuse Technical Assistance Project, the Ventura County staff developed a variety of media components during the 1977-78 school year to complement a comprehensive prevention-oriented course that had evolved over a period of years. Films, videotapes, filmstrips, slides, posters, cartoons, and placards serve as discussion stimuli for the course.

The program was developed by Bennie Crayton, Alice Dondero, and Penny Hantman.

The course includes popular music as a stimulus. For example, song lyrics familiar to the students are used to stimulate a discussion. The developers of the program use the vocabulary and experience of contemporary youth.

Each lesson in the course begins with a stimulus provided by the media package and then moves on to a series of questions for discussion in small groups:

- "What's Going On?" (Focus: An overview of adolescent development). The stimulus is an animated film of two teenagers talking about what it means to be an adolescent. The film depicts various forms of adolescent behavior (such as rebellion and risk taking) and makes the point that such behavior frequently occurs in the adolescent period of growth and development.
- "Getting Out of Boxes" (Focus: Stereotypes). For this lesson the media package includes cartoons depicting common stereotypes of adolescence (e.g., "delinquents" and "dopers"). Also included are cards with teenagers' stereotypes of adults (e.g., "old-fashioned" or "narrow-minded"). The purpose of this lesson is to encourage an exploration of how stereotypes evolve and the extent to which they are valid.
- "Taking Chances" (Focus: Risk taking). The first stimulus for this lesson is a cartoon strip, "The Bird Who Wouldn't Fly." The story evokes a discussion of risk taking. The lesson includes a set of cards depicting various risk situations—for example, a sign warning "No swimming, dangerous undertow," a door with a "Help Wanted" sign, and a boy swallowing a pill and holding a glass of beer.
- "Have You Ever Tried It?" (Focus: Drug and alcohol use, misuse, and abuse). The stimulus for this lesson is a film about a girl and her friends. Some of the friends use no drugs, while others are drug abusers. The purpose of the lesson is to explore the realities of drug use and to understand the difference between use and abuse.
- "It Comes Down Like This." (Focus: Authority/rebellion/separation). To stimulate discussion on the role of adult authority in relation to drug use and other aspects of adolescent behavior, materials for this lesson include

[7] Personal interview conducted for this publication.

[8] Personal interview conducted for this publication.

of posters depicting a variety of authority figures (e.g., a judge, a policeman, and a teacher).

- "Do It for Me." (Focus: Parental expectations). For this lesson, each student is given a card on which is written: "My son/daughter is _____. I expect him/her to _____." The cards are used to stimulate role playing situations in which the students either agree or disagree with their parents' expectations of them and analyze which expectations they find most difficult to deal with.
- "Where Did I Get Mine?" (Focus: Values). Slides depicting parents and children accompany a brief tape-recorded presentation on the origins of values. The lesson is designed to encourage a discussion of the extent to which the students share their parents' values.
- "Me?" (Focus: Identity). The lesson materials include a drawing of a human figure made to look like a jigsaw puzzle. On each piece of the puzzle, the students complete such values-clarifying statements as "I need . . . ."; "I hate . . . ."; "I love . . . ."
- "No You Can't; Yes I Can" (Focus: Gender role expectations). The lesson materials include posters showing people in situations that do not follow traditional sex roles (e.g., a woman doing carpentry). The students are encouraged to explore how society defines gender roles and how gender role stereotypes can be eliminated.
- "Gaps to Fill—Lines to Deliver" (Focus: Communication). A series of posters represents the various moods that people may experience and the roles they may play among their family and friends. The lesson is designed to stimulate a discussion of interpersonal communication and human relationships. The posters depict a sinking ship, a garbage can, a roller-coaster, and an airplane flying through cloudy weather.
- "Sometimes It's a Drag" (Focus: Feelings). Various feelings and emotions are represented in a series of color slides that include portrayals of sadness, jealousy, anger, loneliness, and fear. The discussion centers on how drugs are used to alter feelings.
- "Show Me the Way Out" (Focus: Problem solving). The steps of a problem-solving process are represented in a slide-tape scene. In response the students follow the problem-solving steps in a discussion of a different problem.
- "Something for You" (Focus: Self-esteem). This lesson includes a slide-tape presentation about a group of teenagers telling each other about what they do well. The purpose of the lesson is to encourage the students in the class to exchange similar self-valuing comments.
- "Soul Food" (Focus: Human needs). A set of geometric forms is used to stimulate a discussion of the basic needs for love, recognition, and respect. The students are asked to think about and describe the positive qualities in each shape and to recognize that differences among people can be positive attributes.
- "Hollywood" (Focus: Winning and losing). The lesson includes a film in which a discotheque becomes a metaphor for life, showing a variety of people who are "winners" and "losers." The discussion centers on ways of coping with success and failure. It also includes a discussion about drug use.
- "What's It All About?" (Focus: Philosophical explorations). This lesson is designed to encourage the students to explore their own personal philosophy of life and to relate it to the use of drugs. A slide-tape presentation is included to stimulate a discussion about various philosophies of life.

**Los Angeles County: "Living Skills," A High School Curriculum**

"Living Skills" is a curriculum developed by J. Lindsay Woodard and Eleanor Saris, the founder and curriculum director, respectively, of Project INFO, a drug abuse prevention and early intervention program based in Whittier. The "Living Skills" package includes complete step-by-step lesson plans, "scripts" telling the teacher exactly what to say, measurable objectives, evaluation instruments, and materials for an 18-week high school course meeting five days a week.

The basic goal of the course is to help students develop the skills needed to function in a complex society. The program is designed to help students to build self-esteem, develop self-awareness, and learn the skills of communication, decision making, and problem solving.

Briefly, the course is directed toward helping the students do the following:

- Build trust, learn to share, build a good class spirit, learn more about each other.
- Understand others' values, become aware of differences and similarities, learn to recognize and respect others' values without necessarily sharing them.
- Become aware of the things they say or do that turn people off; recognize how they might hurt

someone without meaning to; and learn how to tell whether or not a problem is their responsibility.

- Learn how to be good listeners, how to help others with a problem, and how to figure out what others really mean when they can't say exactly what they mean.
- Understand anger in themselves and others and what to do about it, the bad effects of too much anger, and how to be angry without hurting anyone.
- Learn how to understand joy, how to express joy, how to build memories that are meaningful, and how to give sincere compliments.
- Learn how to solve a problem, and understand the most frequently used ways to solve problems.
- Understand the difference between a need and a value; set priorities and goals; make good decisions; and accept people who have different values without changing their own values.
- Learn how to determine whether a relationship is good or bad; how to be a helpful friend; how to be a positive member of a family and a positive employee; and how to become aware of services in the community and when and how to use them.
- Build self-confidence.
- Understand authority figures; prevent and resolve difficulties by better understanding people.
- Prepare for the future; become self-sufficient; set up a household, establish credit, and maintain a budget.
- Understand the stages of life.

The students participate in elaborate problem-solving situations in which they apply the skills and knowledge that they have acquired in the course.

The response to the course has been positive. Both teachers and students credit the course with helping them to be more open in their communication with others.

One component of the Department of Education's Structuring for Prevention project was a peer counseling program that was launched in the Thermalito Union Elementary School District in December 1977. It began with a series of intensive training sessions for four teacher advisers and 14 students from the seventh and eighth grades. The student body was asked to identify students with whom other students might talk about a personal problem. The "peer counselors" were selected on the basis of that poll; and they represented a cross-section of high- and low-achievers and the various student cliques.

The students participated in training sessions one day a week for several months. The sessions were conducted by Kathy Yeates of the Department of Education staff and Dan Moriarty, a drug abuse prevention specialist with the Butte County Department of Health.

The peer counselors were taught how to respond to students who need help with personal problems. They were taught "reflective listening" techniques, to be able to help the students without suggesting solutions, even when they think they have the perfect answer.

The peer counseling activities began in Thermalito soon after spring vacation. A mobile unit staffed by at least one teacher and a counselor became the counseling "center," and counseling sign-up sheets were posted in the school office. Although some of the teachers and counselors were apprehensive about students' willingness to share their problems, within a few weeks approximately one third of the 232 students in the seventh and eighth grades had visited the center for counseling.

According to members of the school staff, by late spring positive results of the peer counseling program and related aspects of the Structuring for Prevention program were clearly observable. One result was that unexcused absences from school, an important indicator of students' feelings about both school and themselves, declined by 40 percent. Another positive result of the program was that teachers became more aware of the students' problems and, thus, more responsive to their needs. Teachers also became more aware of the effects that the problems could have on students' studies.

One staff member described the program as having a snowball effect: The students feel good as a result of the human relations days, and their good feelings are reflected in the way in which they treat other people. Then, the teachers listen more responsively to the students and find ways of making the school better. That makes the students feel even *better*. The human relations days and the peer counseling program have been credited with reversing what could have been a bad situation. The peer counseling program has trained the students to accept an important responsibility. In effect, the students were told, "We respect you as a person, and we expect you to do certain things." And they lived up to all expectations.

**Nevada County: A Program for Children and Their Parents**

Youth Self Help, in Nevada City, started eight years ago as a community-based agency designed to serve a variety of youth service needs. Since that

time, the staff has worked hard to gain community acceptance, stability, and funding. The challenge has been compounded by the ambitiousness of the agency's goal to provide a wide range of services based on a comprehensive program of drug abuse prevention. At various times, Youth Self Help has offered all of the following: individual and family counseling and crisis intervention, employment training for young people diverted from the juvenile justice system, a day care center, a recreation and sports program, a summer day camp, an outreach counseling program in the county's schools, a job recruiting and referral service for teenagers, and training in affective skills for teachers and parents.

The agency staff members' participation in local politics and in other areas unrelated to the delivery of services serves two objectives: to sustain financial and political support for Youth Self Help and to provide a voice for youth in the community. As as result, according to Youth Self Help director Cleve Cunningham, the agency has not only functioned as the county's leading youth advocate, it has also promoted a concept of mental health and substance abuse prevention as a community-wide effort having an impact on young people from birth through adulthood.

One of Youth Self Help's successes during the 1977-78 school year was a training program for parents and teachers at the Ready Springs Elementary School in Penn Valley, a town of a few hundred residents ten miles southwest of Nevada City in the Sierra foothills. The program, which was funded in part by the Department of Education's Drug Abuse Technical Assistance Project, consisted of two main components: in-service training for teachers in "Magic Circle,"[9] a structured approach to teaching communication skills and building self-esteem at the elementary school level; and training for parents in the Systematic Training for Effective Parenting (STEP) Program which, like P.E.T.[10] and other parent education programs, focuses on family communication, parental discipline, and problem solving. Ten of the 11 primary level teachers participated in the Magic Circle training, and approximately 24 parents participated in the STEP course, which met for nine consecutive weekday evenings.

The Magic Circle program offers a basic framework for each session. This framework is presented in an almost ritualistic manner at the beginning of each Magic Circle in the form of a set of unbreakable Magic Circle rules:

- Everyone may have a chance to speak.
- Only one person may speak at a time; when someone is speaking, the others must listen and accept what the speaker is saying.
- No "put-downs" are allowed.
- Everyone must stay in his or her own space.
- Everyone must stay on the subject.

Magic Circle also provides for a "feedback" time when the students can demonstrate how well they have listened by telling the group new things they have learned during the discussion. Usually, Magic Circles work best when the teacher and no more than seven or eight students, seated either on the floor or in a circle of chairs, can establish a mood of quiet privacy distinct from the usual noise and commotion of the classroom.

More than just a technique or a set of rules, the Magic Circle program includes carefully structured discussion topics that are designed to lead children to an increased awareness of themselves and others. The program includes enough lessons so that Magic Circle sessions can be held every day of the school year. The topics center on three general areas: *awareness* of oneself and one's feelings; *mastery* of physical and mental skills; and *social interaction.*

Bonnie Jacobson, counseling director of Youth Self Help, described Magic Circle as a *safe* atmosphere in which children can express themselves without judgment. The result is that the children develop self-esteem and self-confidence.

Although the Youth Self Help staff members have encountered some resistance from teachers and administrators, their role as helpers from an outside agency usually works to their advantage. This was particularly true at Ready Springs School, where educators had tried for several years to start a program like Magic Circle. Ready Springs principal William Lock said that without the efforts of Youth Self Help, the program would not have succeeded.

Parents are equally enthusiastic about the STEP program. A mother who participated in the STEP training said that the training she had received in the program had made being a parent much easier. The training helped her to understand that she could not pressure her child into getting good grades. Her son is not on the honor roll, but she is now able to talk with him about how he can do better and to help him instead of pushing him.

[9]Uvaldo Palomares, *Magic Circle: An Overview of the Human Development Program.* La Mesa, Calif.: Human Development Training Institute, Inc., 1974.

[10]Thomas Gordon. *Parent Effectiveness Training: The Tested New Way to Raise Responsible Children.* New York, N.Y.: New American Library, 1975.

**Sacramento County: "An Opportunity for Moral Reasoning"**

Lessons focusing on moral dilemmas were offered in four Sacramento schools during 1977-78 as part of a pilot project in moral education funded by the Department of Education's Drug Abuse Technical Assistance Project. During one of the lessons, Mary Kriege, a fourth grade teacher at Kemble Elementary school, read the following story to her students:

> You are a new fifth grader at school. You listen attentively as your teacher describes the prize given for the best social studies project. Later you find that the prize is a box of candy.
>
> You work hard on your project. Soon the big day arrives. Your teacher chooses your project for the prize.
>
> You are anxious to show the prize to your parents. You watch the candy sitting on your desk until the dismissal bell rings. As you race for the door a loud voice behind you says, "What a stingy guy! He wouldn't even share his candy with the rest of us!"

When she had finished the story, she asked her class, "What do you do?" All of the children wanted to respond, and the teacher accepted each answer impartially, with a nod, before going on to the next.

"Share it."

"Share it with my family first; then bring it back the next day and share it with the other kids."

"I'd tell him that if I had to share it with him I'd have to share it with everybody."

"I'd tell him I worked hard for it."

After all of the students had had an opportunity to answer, the teacher asked another question: "What if you get candy all the time and the other kids in the class don't—would this change your mind?" Again, the children wanted to respond:

"Yes!"

"Why share it if you worked hard for it?"

"I would have told him he had to pay for it."

The discussion continued for another ten minutes or so before the lesson and the use of the "moral dilemma" as a teaching technique were concluded.

A trained observer might immediately recognize that the moral reasoning of the students' responses in this lesson was based on varying levels of sophistication. The teacher's questions were designed specifically to elicit from the students what has been described as "higher levels" of moral reasoning. Because moral reasoning is an important aspect of decision making, a structured approach to moral education is a valid concern in school-based drug abuse prevention programs.

A particularly important aspect of the Sacramento project was a sophisticated research model that involved the use of experimental and control groups to evaluate gains in moral reasoning among students in the pilot schools. According to program director Charles Matus, the project was designed to provide the opportunity for moral reasoning to occur. That doesn't necessarily just happen in a classroom in the sense of there being a structured opportunity. We all develop moral reasoning innately, and the program isn't necessarily designed to accelerate it. But there is some indication from research that if you don't reach certain levels by certain ages, you don't even have a chance of reaching the highest level. Drug education specialist for the Sacramento district since 1972, Matus wanted to experiment with the moral education project because it represented an interesting approach that he had not had the opportunity to try before. Moreover, the Department of Education grant provided the funds for a thorough and detailed evaluation. Matus observes, however, that "I don't see moral education operating as a separate entity. I think it should be a component of prevention, part of a total prevention approach."

The moral education project began in the fall of 1977, when 14 volunteers (including teachers of grades three and four, two nurses, a counselor, and a social worker) participated in a three-day workshop on moral education conducted by Matus and colleagues involved in the evaluation of the project. Among other activities, the workshop participants discussed the background and the various elements of Kohlberg's theory, developed classroom management techniques for introducing moral dilemmas, studied and practiced using moral dilemmas from several moral education handbooks, and wrote moral dilemmas of their own. The long-range objective of the program was to incorporate the probing technique of the moral dilemma into curriculum content areas and everyday classroom and playground situations. Kohlberg's ideal moral education program, in fact, is embodied in a "just community school" in which total participatory democracy gives students and teachers alike a chance to scale the heights of moral reasoning.

Although most of the workshop participants were eager to try the new approach, some resisted on the grounds that they felt it necessary to tell students what would be right or wrong in a given situation. "It's easy to misunderstand the purpose of moral dilemmas as an exercise," Matus said. "In one moral dilemma a boy sees his friend set fire to a wastebasket in school, and the question is whether

the boy should report his friend for setting the fire. That's the dilemma. There's no question that it's wrong to set the wastebasket on fire, but people often confuse that with the boy's moral dilemma: should he or shouldn't he tell? There's no clear right or wrong answer to that question. We've cautioned teachers that if they feel very strongly about a dilemma, they shouldn't use it—at least not in this opening phase. Also, you can always disagree without saying that a student is *wrong.*"

Despite the problems and ambiguities of introducing a new and relatively untried approach, the initial results of the project evaluation were highly encouraging. Jerry George, a Sacramento City Unified School District psychologist, administered an elaborate pre- and post-test scale of moral reasoning to a sample population of about 80 students and found that many of the students who had had classes in moral education made clearly observable advances in moral reasoning. "Kids who have had the program are coming up with things I don't hear from the other kids," said George. "In one situation I've been using, a class makes paintings and then sells them at a fair. The question is how should they divide the money? Before the program started, the kids were saying that the money should be divided evenly. That's pretty solid stage 1A reasoning. Now I'm getting kids who are saying that they should get whatever they sold the paintings for—that's a higher stage of reasoning."[11]

"Ages ago we were told not to moralize or preach as a drug abuse prevention technique," said Matus. "As a result we left out morals most of the time. Also, the field got heavily into the affective domain. A lot of teachers are uncomfortable with affective techniques. Moral education gives us a different approach without preaching. And it gives teachers who wouldn't touch affective education an opportunity to implement a sound drug abuse prevention strategy of a different kind."[12]

### Sonoma County: A Team Approach to Drug Problems

Two years ago Dolores Nonella, the prevention specialist for the Sonoma County-funded alcoholism program, the Orenda Center, joined with Ernie Carpenter, a counselor at a Santa Rosa youth service agency sponsored by Social Advocates for Youth (SAY), to provide prevention services to schools in the county. Their willingness to work together instead of engaging in petty struggles over "turf" produced a genuine team effort. It may have been more than a coincidence, then, that among many other prevention activities, Carpenter and Nonella developed the concept of schoolwide teams of teachers, students, counselors, parents, and administrators who would become activists and drugs and alcohol problem solvers for their schools.

During 1977-78 five prevention-oriented teams were in operation in five Sonoma County high schools. Although the types of activities that the teams implemented varied from one school to another, the teams shared certain common characteristics:

- Each team included a cross-section of the school's faculty, administration, and students. Even some students whom faculty members perceived as "problems" were invited to participate in an effort to widen the team's appeal to the entire student body.
- Each team attempted to reach two distinct targets: the entire school, using a primary prevention approach; and students with particular drug and alcohol problems, offering early intervention services.
- Specialists from SAY and the Orenda Center provided off-campus training for each team. The series of training sessions focused on drug and alcohol problems, counseling techniques, and community resources for individuals with drug and alcohol problems, among other topics.
- Each team developed activities for its own particular school.
- Each team attempted to publicize its existence so that individuals with problems could seek out team members for help or advice. Two of the teams produced posters with photographs of the team members and posted these in every classroom in their schools.
- The teams continued to meet and plan activities on a regular basis.

Yet, as Ernie Carpenter views it, there is more to the team approach than just providing drug-specific services. According to Carpenter, "There's a real payoff for the students. They can do their part to make the school a better place to be. School systems are vertical organizations, and part of this whole model is to level that out a little bit. The adults and the students go through the training together, and the students have an opportunity to relate to the adults as people, not just as counselors or teachers or whatever."

Gary Warner, a science and social studies teacher at Santa Rosa's Montgomery High School, was coordinator of the team during 1977-78. "The only expectations were the ones we set for ourselves,"

[11] Personal interview conducted for this publication.

[12] Personal interview conducted for this publication.

Warner said. "Our team was trained late in the spring of 1976. Then, at the beginning of this year the students went around to the classrooms and explained what the team was. We decided to call ourselves the Alcohol Concern Team, and in each room the team members put up a poster with our pictures on it. Then we decided to wait and see what would happen. Initially, 15 to 20 students made inquiries, but interest tapered off after that. Finally, we decided that we should take more action and try to figure out what we could do to reach more people."

In May, 1978, the team sponsored a new games tournament—a new form of "alternative" sports activity that stresses noncompetition and exuberant fun. The tournament was such a success that students and teachers were still talking about it a month later. Approximately 450 students out of a student body of 2,000 participated. "We wanted to demonstrate that there are ways of having fun and sharing things without getting loaded," said Warner. "After it was over, the students and the staff said they felt good about it. Students said it was a way of enjoying something without getting high."

According to Montgomery principal Gary Miles, "That program was probably the most successful activity we've had on campus in terms of student body involvement. There was total involvement of a wide cross-section of the school." Miles credits Carpenter and his associates with much of the team's success. "Without their push and drive we probably would not have progressed as we have." He said that an organization like a school can benefit from a third-party form of assistance. "Carpenter and his group had knowledge and expertise that we didn't have. They didn't just come in here with scare tactics about drugs and alcohol. It was a total help situation."[13]

[13]Personal interview conducted for this publication.

# 4
# Organizational Models

To be effective, a school-based drug abuse prevention program almost invariably results in change in a school. Clearly, programs that are strictly informational are among the easiest to implement in school settings, and in many California school districts they are still in demand. Their popularity is mostly due to the fact that they involve an absolute minimum of change on the part of either teachers or students.

In contrast, the approach to drug-abuse prevention advocated by most experienced professionals is based on the assumption that effective prevention activities are aimed at changing institutions as well as individuals. The premise is that change in individuals comes slowly indeed when institutions remain static. Institutional change may occur anywhere on the "pyramid of commitment" described on page 6; and even the most rudimentary commitment is a beginning.

Change may be introduced in the individual self-contained classroom (through the use of curriculum packages like "Living Skills" or the Ventura County curriculum, for example) or in the statewide education system (through a statewide network of training systems and programs). Any number of mechanisms, often operating simultaneously, can provide the necessary leverage for change.

The purpose of this chapter is to examine several vehicles, or organizational models, through which the kind of change implicit in school-based drug abuse prevention programs is commonly introduced.

Obviously, in all but the most futuristic educational institutions, the self-contained classroom (or the individual class in a departmentalized school), is the essential organizational unit for learning and growth. Even in ultramodern school buildings with open-space pods and modular scheduling, the basic element of one teacher and a group of learners has remained essentially the same since the beginning of institutionalized mass education. Although computer-assisted instruction, individualized programmed learning packets, and other forms of sophisticated instructional hardware and software have the potential to change education dramatically, most schools cannot afford these educational luxuries.

As the director of the learning process, the teacher is usually free to be innovative (or unconventional) so long as his or her class does not disturb other classes. The spirit of innovation may even spread to other teachers and other rooms, thus making the innovative teacher a change agent. In some cases the result is a "minischool" of like-minded teachers who work as a team to develop a particular program or style of teaching. Conversely, human energy

and taxpayers' dollars are wasted when spent on programs designed to change a teacher who is determined to do things the way he or she has always done them. The teacher and his or her classroom are the ultimate targets of the organizational models described in this chapter. Without the willing and active participation of teachers, school-based drug abuse prevention programs that are designed to introduce change are hardly worth the considerable effort they require.

### The Role of the Office of the County Superintendent of Schools

In many ways offices of county superintendents of schools have the potential to be the natural centers of drug abuse prevention networks, and some of the strongest school-based prevention programs in California have taken advantage of this potential. Many factors contribute to the suitability of the office of the county superintendent of school's leadership in introducing drug abuse prevention strategies:

- The centralized resources of personnel and media available in most offices of county superintendents of schools make the introduction of new teaching techniques and drug abuse prevention strategies more cost effective at the county level than at the district level.
- Although change agents from outside the schools may be necessary for the introduction of new ideas and educational approaches, teachers and administrators are often suspicious of outsiders. The trainer or drug abuse educator from the office of the county superintendent of schools is generally accepted by virtue of his or her position in the school heirarchy.
- Staff members of the county superintendent of schools are close enough to the schools to be readily available on a consultant basis and far enough removed from the daily routine of the schools to permit the schools to grow and change.
- County school staff members often have access to resources and new ideas that teachers and administrators may overlook or never be aware of.
- Numerous options for program funding, including federal grants, are often most accessible at the county level.

In large school districts, the central administrative staff members can play a role similar to that of their counterparts at the county level. However, California drug abuse prevention networks and resource centers have generally evolved at the county level. The Orange County Training for Responsible Behavior (TRB) program, for example, offers in-service training to school personnel, representatives of local agencies, and parents. The Santa Barbara County drug education program personnel developed the ILP model, which has been disseminated widely. And, under the auspices of the county superintendent of schools, the Contra Costa County Center for Human Development provided a variety of services to school districts and related agencies. These included informational presentations on drugs and alcohol, extensive in-service training for teachers and administrators, consultation in organizational development, youth counseling, and alternatives programs. The center is now an independent organization.

By far the most extensive of all the county-level prevention programs in California is the Alameda County Training and Development Center (formerly the Drug Education Center). Although the center's activities are likely to be somewhat curtailed as a result of the passage of Proposition 13, during the 1977-78 school year the center supported the following major substance abuse prevention programs:

- The Drug Abuse Prevention Program provided training and technical assistance to schools in affective education techniques, multicultural education, and organizational development.
- The Alcohol Abuse Prevention Program, part of a three-year demonstration project funded by the former State Office of Alcoholism, established two community education centers for alcohol abuse prevention in the Oakland-San Leandro area and developed curriculum materials for school-based programs.
- The Youth Intervention Program (YIP), established with revenue sharing funds from the county board of supervisors to address youth problems throughout the county, coordinated the activities of 44 counselors placed in local schools by six local youth service agencies. In its second year, YIP drew praise from county administrators for the efficiency of its management and training networks.
- The Community Education Program, the newest component of the center, was established to provide training and assistance to school-community groups interested in transforming local schools into total community service institutions providing recreation, adult education, cultural activities, and community advocacy.

In addition, the center publishes *Links*, a quarterly newsletter focusing on substance-abuse pro-

grams and issues related to substance-abuse prevention. Several other publications are available from the center. These include *Deciding,* a "self-instructional" alcohol education unit for elementary and junior high school students, and *Harmony,* a manual for developing community-based programs.

Established in 1970 with a grant from the California Council on Criminal Justice, the Training and Development Center began by providing primarily teacher training and curriculum materials. The center's approach to prevention grew increasingly more sophisticated over the years, however, and began to extend into school and community programs; organizational development involving parents, teachers, administrators, and students in problem solving and planning; and active lobbying within the county on behalf of youth services.

According to center director Orle Jackson, a comprehensive school-community approach with a focus on institutional change is essential to a sound prevention program. Commenting on how and why the center has shifted its focus in the last eight years, Jackson said that the center "used to place a strong emphasis on training teachers in affective education strategies. Now we stress processes for involving people in decision making, and we're helping schools develop school management plans. Affective education might be part of the final plan, but we've found that if we go into a school trying to impose a particular strategy or program, we may be successful only ten percent of the time. When we impose a process for assessing needs and making changes, we may be successful 75 percent of the time."[1]

### The Role of County Agencies

In 1972 a county drug abuse coordinator's office was established in each California county. As the administrator of state and federal drug abuse prevention and treatment monies, the county drug abuse prevention coordinator submits an annual plan to the Department of Alcohol and Drug Abuse. The plan delineates the drug abuse prevention needs of the county and describes the plan for meeting those needs. It also describes the mechanism for monitoring the services provided. During 1977-78 more than two-thirds (approximately $1.9 million) of all federal discretionary allocation monies channeled through the county drug abuse coordinator offices was used for drug abuse prevention programming.

County health agencies have provided resources and training for school-based prevention programs in a growing number of California counties. Traditionally, the health agency's approach to schools has been to have staff "health educators" make one-time classroom or assembly presentations on various health-related issues. Within county health agencies the initiative for the development of school-based prevention programs can come from any of several different sources: the mental health unit, the drug unit, or the alcoholism unit.

Cooperative involvement with the school system and maintenance of effective relationships with school personnel are critically important to the county health agency program initiator. Many times, the specialist from the county health agency involved with school-based prevention programs was first introduced to the school through brief informational presentations that he or she made in the schools. Thus, the more traditional informational approach can be a useful means of entry into school systems even if it is de-emphasized later.

Another approach was employed in a 1977-78 program in Mendocino County funded through the Department of Education's Drug Abuse Technical Assistance Project. Betsy Hayes, the drug educator for the county mental health department, had learned about the Orange County TRB program and was eager to try it on a pilot basis in Mendocino County's schools.

Rather than attempting to organize and operate the program entirely by herself, Hayes encouraged a coalition of county agencies to participate in the 30-hour TRB training. She also obtained the support of the Office of the Mendocino County Superintendent of Schools and invited teacher volunteers from four schools to attend a five-day TRB workshop in Orange County. The workshop served to prepare the teachers to provide TRB training in their own communities. Over a period of months Hayes and her associates conducted a series of TRB workshops for county agency staff, teachers, and parents. The result was a committed group, eager to continue the program.

The Mendocino program is an example of a successful interagency coalition working cooperatively with school districts. A similar model was used in the Department of Education's 1977-78 Structuring for Prevention Program, which involved representatives of several county and city health and juvenile justice agencies, in addition to the school district personnel. To achieve this degree of cooperation, program coordinators must overcome traditional rivalries among county agencies for political influence and funding. This is especially critical when the agencies' responsibilities occasionally overlap.

[1] Personal interview conducted for this publication.

The importance of interagency and interdepartmental cooperation and support was emphasized by a county health educator who observed: "We have tremendous support for health education in our agency, and all the different departments talk to each other. Our school programs have tripled in size in the last two years. But we have to be very careful how we present ourselves, especially in relation to the county school department. If they think we're doing something to make them look bad, they'll slam the door in our faces, and we can't do anything without them."[2]

### The Role of the Community-Based Agency

Other community-based agencies can be an important source of ideas and assistance for school-based drug abuse prevention programs. This is particularly true of community-based agencies that provide direct services to schools.

The Youth Intervention Program (YIP) in Alameda County, for example, offered "free" counseling services to 44 schools during 1977-78, often on a nearly full-time basis. This provided relief to school counselors who were already overburdened by paperwork and unrealistic numbers of students. It also provided for many students a sympathetic advocate, usually a young adult who was a part of the school but who was not identified with what could be perceived as the school "establishment."

In a sense the YIP counselors were the "guests" of the schools in which they worked, for they were the employees of independent community-based agencies that contracted with the YIP program to provide services.

Many community-based agencies were started in the late 1960s or early 1970s as "street" centers for counseling and crisis intervention at the height of the drug epidemic among youth. Often the staff members were persons who were recruited from the counterculture and who regarded the community-based setting as a humanistic alternative to schools. Thus, personnel in community-based agencies, including some of the agencies in the YIP program, have had to work very hard to develop effective working relationships with the school community.

Robert Dreyfuss, YIP coordinator at Project Eden in Hayward, said, "We'd been doing outreach counseling in schools before YIP, but we went fresh into several of the schools when YIP started. In each case we held a series of meetings to discuss the program, first with the superintendent of schools, then with the school counselors, and then with the principal. We also invited the principal to participate in the final hiring process. No one said that we couldn't go into a school."[3]

Even when personnel in both schools and community-based agencies make a conscious effort to be supportive of each other's programs, some friction is probably unavoidable when outsiders settle on school "turf."

A former YIP counselor explained: "I saw my role as a youth advocate. A lot of teachers didn't feel good about that. I think that teachers try very hard, but a lot of them forget what kids are about. They saw me as someone who would take the kids off their hands. There were also conflicts about what I should be doing—the principal and vice-principal wanted me to account for every minute of my time, so I kept detailed weekly reports even though my own supervisor didn't require it. And I refused to be a disciplinarian. I wanted the kids to trust me—one rumor around the school was all it would take for them to stop seeing me. Between the teachers, the administrators, and the kids, it was a constant balancing act."[4]

According to Dreyfuss, even with occasional friction and philosophical disagreements, the services of the YIP program were in demand. "In one school where there was initial resistance to the program, the principal became an ardent supporter because of its obvious success. It helped to relieve the counselor load, and it was also a place to send students who were turned off to almost everything else in the school."

When personnel in community-based agencies offer to provide training to school faculty members, the receptivity of the staff may not be encouraging. Even the best established agencies may have to work for years to win the trust of teachers and administrators. Yet, the Sonoma County team approach and the teacher and parent training in Nevada City prove that, while they are difficult to establish, effective partnerships between schools and community-based agencies are possible.

### Program Implementation—Schoolwide or Districtwide

A comprehensive drug abuse prevention program that embodies a variety of strategies, that is implemented throughout a school or a district at all grade levels, and that has a parent education component is a prevention specialist's dream. Moreover, anyone who accepts the basic view of prevention would probably agree that such a program is desirable, if not necessary.

[2]Personal interview conducted for this publication.

[3]Personal interview conducted for this publication.

[4]Personal interview conducted for this publication.

Although the time, expense, and organizational difficulty involved in implementing a comprehensive prevention program make it unrealistic for most schools and districts, comprehensive programs have been implemented schoolwide and districtwide. Usually, the establishement of such programs is directly related to one of two distinct factors:

- A school's problems with classroom management and control (often associated with truancy and vandalism as much as with drug use) have reached crisis proportions and only a dramatic schoolwide solution will suffice.
- A dedicated and trusted prevention specialist (or prevention team) has convinced the school staff of the value of an effective prevention program. (Districtwide programs usually are the result of an administrative or governing board mandate, but often this is the result of pressure applied by teachers and parents who have already experienced success in the program.)

Clearly, a proposed program cannot have even a chance of success in a school or district in which confusion exists over decision making or administrative authority or where poor communication is a chronic problem. Comprehensive prevention programs tend to work best, therefore, in small schools and districts. Another important factor is the extent to which those who will be asked to implement the program, usually teachers, actually support the program's philosophy and techniques. Although very few programs require the participation of all teachers in a school, even an official proclamation may not succeed in getting resistant teachers to implement prevention strategies that they find alien or disagreeable. Visibility, support, and enthusiasm for the program are also important to ensure that it will be accepted and properly implemented.

Most of the requirements have been met by the Camerado Springs School, a junior high school with approximately 300 students in semirural Cameron Park, 40 miles east of Sacramento. When the school opened in a brand-new building in the spring of 1976, there was a serious drug problem among the students. According to principal Lyle Graf, "Marijuana and tobacco were being used regularly. The community was very disturbed and upset about the junior high school kids. At the first parent meeting there were 80 people, and just about every one of the comments was negative." One result of the uproar was a board of education policy that requires that a student be expelled automatically for having drugs or alcohol on campus; possession of cigarettes leads to a two-day suspension. Graf realized, however, that stiff penalties for possession of drugs would not be a complete solution. "If all we had done was exercise heavy control," he said, "we would have had an uncomfortable environment for learning. I wanted the school to be a comfortable, happy place."[5]

Assisted by staff of the State Department of Education, Graf and colleagues at the office of the county superintendent of schools examined a variety of drug abuse prevention strategies. Finally, they selected the Human Resources Development (HRD) program, which offers systematic training in communications and problem solving skills, based on the writings of Robert Carkhuff. "It was the best thing I'd seen," said Al Willey, a psychologist with the Office of the El Dorado County Superintendent of Schools, who has worked closely with the Camerado Springs program since its inception. "It was based on good solid research, and it offered very specific skills that could be taught to anyone."

Aided by a grant from the State Department of Health, Willey and Graf arranged for a week of on-site training in the HRD method for the entire school staff just prior to the opening of school in 1976. "We knew we wanted to train the entire staff," Graf said, "and that included *everybody* at the school who deals with students, not just the teachers. The idea from the beginning was that communication would be an alternative to drugs, and it had to be done schoolwide."[6]

After two years all but the newest members of the staff had received HRD training, and so had nearly 100 students and 100 parents and community members. The program was continued during the 1977-78 school year with a grant from the Department of Education's Drug Abuse Technical Assistance Project. According to an independent evaluation of the program, the training had a number of positive effects: increased community involvement in the school, improvements in the quality of communication between teachers and students and among students themselves, a generally higher level of trust and communication, and even the staff members' greater awareness of themselves as role models, which led to a dramatic reduction in the number of staff members who smoked cigarettes.

"Some of the staff members have done a complete turnaround," according to Graf. "People who used to have problems with the kids have become the kids' favorite teachers. Another thing that's happened is that the staff members are more accept-

[5]Personal interview conducted for this publication.
[6]Personal interview conducted for this publication.

ing of each other. There are fewer cliques. I think the program has helped all of us become better people."

The San Carlos School District offers an example of districtwide implementation of a prevention program resulting from factors that were entirely different from those that led to the Camerado Springs program. According to Richard Irizary, district curriculum specialist and coordinator of the program, which was implemented during the 1977-78 school year, while the San Carlos district's older students have begun to use drugs, there is nothing like the drug abuse crisis that confronted the administrators in Camerado Springs. Because of its proximity to Stanford University, however, San Carlos was one of several school districts on the San Francinsco peninsula in which Richard H. Blum, Emily Garfield, and their associates conducted studies of the effects of drug abuse and drug education programs for several years as part of the Stanford Program on Drugs, Crime, and Community Studies. The results of the Stanford project's research include several books and a comprehensive drug education curriculum for kindergarten through twelfth grade that offers a blend of cognitive and affective learning experiences.[7]

Since Irizary was one of the curriculum writers for the Stanford project and the project had won respect among San Carlos teachers and community members, complete districtwide implementation of the curriculum seemed logical and feasible. Irizary and Garfield had revised the curriculum extensively during the summer of 1977. Moreover, with a grant from the State Department of Education's Drug Abuse Technical Assistance Project, Irizary was able to commission an extensive evaluation that involved pretesting and post-testing of 980 of the district's 2,250 students. Irizary said that "the district has never formally adopted a drug education program. The Stanford research project hit only some of the students, and the revised curriculum is significantly different. It's been written in the Education Code for years that we should be providing this, but a school district rarely has a chance to tackle an entire program for all eight grades."

The preliminary results, according to Irizary, have been promising. Teachers at the elementary level have used the curriculum materials in a variety of subject areas, and at the intermediate level the materials have been introduced mainly in science and physical education classes. Perhaps the most important success factor is that the teachers have been almost unanimously in favor of the project.

"There is no reason at all why this program cannot continue," Irizary said. "I don't think even Proposition 13 will prevent it. The only expenses are paper and other consumables. It's a district project, and the district is committed to it."[8]

### Inner-city Programs

Whatever the problems of implementing a drug abuse prevention program may be, they are inevitably compounded in the context of inner-city schools. The day-to-day anguish of big-city school systems, which has led researchers to describe the condition of harried urban teachers as a form of battle fatigue, makes the question of how best to implement a prevention program seem relatively insignificant. Poverty, the inertia of huge bureaucracies, racial tensions, low achievement scores—all contribute to a general malaise among inner-city teachers and students that is itself a problem to be overcome.

No particular organizational model exists for effective drug abuse prevention programs in the inner city. Rather, drug abuse prevention in inner-city schools is an urgent need. "I know nothing about prevention in inner-city schools," one leading California drug abuse prevention specialist said. "Part of the problem is that for many years prevention has been—or people have thought it has been—largely a white, middle class concern."

Perhaps more than any other single form of assistance, students in inner-city schools need an advocate. Anyone can be an advocate—a teacher, a youth worker, a counselor from a community-based agency, even a principal. Unfortunately, however, students rarely have enough advocates in the school itself.

Racial conflict is only one of the issues that an inner-city prevention program could deal with. The poverty and despair that inner-city students bring with them to school every day would also be an appropriate concern. Program personnel could also attempt to improve the academic achievement of inner-city students.

Staff members in the few prevention programs that are designed to confront the problems of inner-city education realistically pursue more modest goals. For example, the staff of one school near Los Angeles held a series of human relations days at a nearby church in an attempt to deal with racial conflict between whites and Mexican-Americans. Among other activities, the 50 or so students and teachers at each human relations day went through a series of communication exercises and value awareness experiences. "We divided them into small

[7] *DECIDE.* Stanford, Calif.: Alcohol Education Research Institute, 1978.

[8] Personal interview conducted for this publication.

groups according to numbers or astrological signs," said a consultant to the program, "and for many of these kids it was the first time whites and Chicanos were talking to each other in a friendly tone of voice."

The Asian American Drug Abuse Program (the AADAP) in central Los Angeles, an independent community-based agency supported by county and federal funds, exemplifies the kind of advocacy for inner-city students that is often available only outside the schools. Serving members of 21 different Asian Pacific groups scattered throughout the city, AADAP is designed to provide a sense of cultural identity and community support to Asian students. Occasionally, AADAP staff members assist new immigrants with translations of high school texts so that they can complete homework assignments. AADAP has also sponsored Asian student dances and recreation centers. Yet, the program can reach only a relatively small segment of Los Angeles' huge Asian population.

During the 1977-78 school year in the predominantly black and Mexican-American section of the central city, the Thrust Drug Prevention Program at John Muir Junior High School was one of a handful of prevention programs in California that originated within inner-city schools. The coordinator of the program, social studies teacher Tom ("Doc") Carpenter, initiated the program four years ago when he and another teacher decided to try team teaching. They removed a wall separating two classrooms to create an open classroom, enlisted the help of several students and other teachers in redecorating the area, and bought paperback books to use as textbooks.

Carpenter saw himself not just as a youth advocate, but as a change agent, and he was eager to have an impact on the school beyond his own classroom. Eventually, Carpenter, several students and teachers, and a parent attended one of the residential training sessions in drug abuse prevention sponsored by the State Department of Education. The result was an action plan for a comprehensive prevention program designed to reach both school and community. The program included joint training and planning sessions for the school's faculty, students, and parents; the development of a cadre of students who conducted affective education exercises during homeroom periods and acted as peer counselors in the Thrust rap room; and a series of human relations days involving students, teachers, and parents.

At the end of Thrust's first year, Carpenter prepared a detailed and rigorous evaluation report. The evaluation focused on the significant reductions in both high-risk behavior and drug use among the students who had been involved in the Thrust program, as compared with the control students. By the end of Thrust's second year, the program had won sufficient acceptance to merit replication on an experimental basis in another school in Carpenter's zone.

The John Muir students' open devotion to Carpenter was also testimony to the program's impact. "Before I came to Thrust, I used to fight and smoke weed a lot," said one ninth-grader. "Doc was the only teacher that I could talk to. Since I've been in Thrust, school has been better for me. I can deal with the problems I have by talking with him."

Nadine Powell, one of the Thrust peer group leaders, said that she had wondered why Doc had a special room. "In the eighth grade I got to know him, and I thought he was a cool person. You can talk to him in a way you can't with others. He can get down to your level. Some of the teachers forget that we're young, and some of them don't like colored kids. Doc raps about anything you want to talk about."

# 5 Suggestions for Program Survival

In the past few years, policymakers and funding agency personnel have begun to recognize the importance of drug abuse prevention and preventive health care in general. Drug abuse prevention is still a relatively new field—the oldest prevention programs have been in existence for ten years or less. Thus, drug abuse prevention programs have only just begun to have an impact.

From the beginning, *prevention* program specialists have been confronted with the attitude of members of society, in general, and public health officials, in particular, who are strongly biased in favor of *treatment* programs. Although treatment programs reach a much narrower segment of the population and at a much greater per capita cost than prevention programs, treatment programs show tangible results (even when the treatment is unsuccessful). The primary result of prevention programs, on the other hand, is good health (or the absence of undesirable conditions), which, paradoxically, is much less "real" to many policymakers.

Drug abuse prevention specialists have also been confronted with another curious paradox: legislators and decision makers continually demand evidence that drug abuse prevention programs "work"; yet, at the same time they are reluctant to fund prevention programs at consistent levels long enough to test them. Thus, because prevention programs rarely have the time and resources to test themselves against valid standards and measures, they have typically been denied the opportunity to demonstrate their effectiveness.

Despite these obstacles, a growing body of evidence supports the premise that drug abuse prevention programs do have a positive impact on their target populations. A review of 127 impact evaluations of prevention programs showed that programs that deliver high-intensity services (e.g., by providing a high ratio of client service hours over a period of time) had a substantial positive impact on drug use.[1] The review was funded by the National Institute on Drug Abuse and is probably the most comprehensive study of prevention program evaluations to date. Although more research into the effectiveness of drug abuse prevention programs is certainly needed, this study supports the contention that evidence of the effectiveness of prevention programs is not as weak as some critics claim.

[1] E. Schaps, R. DiBartolo, C. Paley, and S. Churgin. *Primary Prevention Evaluation Research: A Review of 127 Program Impact Studies.* Walnut Creek, Calif.: The PYRAMID Project, 1978.

According to first-hand observations and personal accounts, drug abuse prevention programs have had a positive impact on schools, community-based agencies, and, ultimately, on individuals. It is not unusual for participants in prevention programs to assert that such programs have brought about dramatic changes in the ways in which their respective organizations operate or in the quality of their relationships with others. Young people and adults, alike, often talk of having a new sense of purpose as a result of their participation in a prevention program.

Yet, prevention program coordinators continue to be preoccupied with the survival of the programs. Many program budgets are reviewed annually, and administrators of programs that have multiple funding sources may be required to prepare several major proposals and reports each year. As one wary program director put it, "I seem to spend two dollars getting and keeping every dollar that I spend on services." It is likely, moreover, that this kind of pressure will continue in the immediate future. The value of prevention programs must continually be proven, particularly in schools where shrinking budgets have severely limited the variety of services. Limited funds are not the only challenge to school-based prevention programs; the time required by other legal mandates leaves little time for drug education. In the last few years such far-reaching reforms as the new laws affecting special education and minimum competencies have placed unusual demands on the limited time that most teachers have for nontraditional curriculum.

Program survival continues to be an urgent issue. Nevertheless, the suggestions presented here are based on experience in programs that have survived, and even prevailed, under very difficult conditions.

### Politics

A drug abuse prevention program is a political entity, and program initiators must recognize this and begin to deal with it from the outset. Careful preparation is a necessity, especially when the program is designed to involve teachers in the delivery of prevention strategies. "Teachers in our school are used to being completely autonomous," said one program director. "You don't just jump in and tell teachers you're going to lay something on them. We spent several months explaining our program to the teachers and getting them to accept the idea." Generally, prevention program coordinators avoid requiring teachers to participate. A better strategy is to ask for volunteers; then let support for the program attract additional faculty participation.

The amount of time required for political activities will depend on where the prevention program originates. Representatives of agencies outside the school, for example, may need to spend a great deal of time convincing the entire school hierarchy of the value of a prevention program. In most schools the support of the principal is a critical factor. In fact, program initiators may have to spend weeks or even months obtaining approval for the program at all administrative levels. Program initiators must quickly learn to be their own best public relations representatives, making presentations, justifying the program, explaining the rationale of drug abuse prevention, describing the proposed prevention strategies in detail, and dealing effectively with questions and challenges.

Advocates and initiators of prevention programs need allies—not just within the school, but in other governmental and community agencies as well. Therefore, program initiators should become aware of all the drug abuse and youth service resources in their communities and maintain regular communication with their counterparts in other organizations. Wherever possible, program initiators should build a cadre that supports and understands the program. A few teachers who are able to use prevention strategies effectively can be the program's most convincing advocates.

Perhaps most important, the program initiators should be willing to build support for the program by sharing and expanding the leadership of the program, even if this means modifying a plan or a part of the program design. School staff and community members who have an opportunity for valid input are more likely to support the program.

### Funding

The importance of funding for school-based prevention programs is a debatable issue. In contrast to community-based programs, schools already have the most expensive and essential prevention resource: people. Books, curriculum materials, and audiovisual media are relatively small items in a typical prevention program budget. Generally, materials are available through school district or county media centers. The necessary materials can also be included in a school's regular orders for books and supplies. Thus, a prevention program can conceivably be initiated with a relatively small amount of money.

This "shoestring" approach to prevention programming is potentially hazardous. Training, for

example, is usually an essential component of any program. Some private consultants specializing in prevention strategies charge at least $100 a day, and adequate in-service training with sufficient followup and supervision could cost several thousand dollars each year. Moreover, since teachers cannot be compelled to attend training sessions, often the most effective way to attract them on a voluntary basis is to pay substitutes so that the regular classroom teachers can attend on a release-time basis.

Finally, accountability of drug abuse prevention programs is an increasing concern, and some form of evaluation is a virtual necessity for programs that are intended to operate on a permanent basis. Even a relatively modest evaluation performed by an independent consultant can cost from five to ten percent of a program's budget.

In short, the more effective school-based drug abuse prevention programs usually involve expenditures far beyond the salaries of the participating teachers and administrators. Program initiators may need to become not just politicians and public relations specialists, but fund raisers as well.

Where can program initiators turn for funding? Although school districts are hard-pressed financially, even the poorest district usually has some discretionary funds for special programs or emergencies, and program initiators may be able to identify the funds they need in the school district budget. If the budget contains funds for in-service training or other special programs, these may be another possibility. Program initiators seeking such funding will probably join a long line of school district staff with similarly urgent financial needs, however, and they should be prepared to marshal the support of the building principal and as many top-level district administrators as possible.

One of the most important principles of securing funding for a prevention program is to go first to sources within the local community. Large national foundations usually respond only to organizations that have an established reputation for success. Getting a federal grant or contract is equally complicated and remote, and in most school districts they are the exclusive province of administrative staff in the central office. The following local funding sources are more likely to be accessible to a school-based program initiator:

- *Local foundations.* Several catalogs are available that include lists of foundations, by region, and descriptions of each foundation's particular interests. Note, however, that foundation grants are usually made on the basis of a written proposal. Guides to foundations and manuals on project proposal writing are listed in the reference section.
- *Charities and civic groups.* Charitable and civic organizations, which often support a specific cause or issue each year, may be eager to provide funds for a school-based drug abuse prevention program.
- *Business and industry.* Many local business and industrial firms will welcome the public relations value of lending their support to a worthwhile school activity.
- *Local governmental agencies.* Many California prevention programs are funded by such agencies as the Office of Criminal Justice Planning or county departments of health. Since funds for prevention programs are occasionally available at both the city and county levels, all agencies concerned with young people, health, and related issues should be contacted. Even if these agencies cannot make funds available, they may become valuable allies for a new prevention program.

Agencies that provide training and consultation at no cost to prevention programs may be more promising for those services than as sources of actual funds. Training programs are frequently available through a variety of county agencies, including the school and health departments. Additional resources for training and technical assistance are identified in the reference section.

### Evaluation

Although the survival of a drug abuse prevention program is often dependent on political factors, an evaluation showing what the program has achieved can help to influence decision makers. Program evaluation is not only helpful, it is increasingly being considered a necessity. School-based program initiators must decide which type of evaluation is most appropriate for the program. Each of the following three basic types of evaluation is distinguished by what it describes:

- A *process evaluation* is an assessment of how a program operates (e.g., how the staff functions, what types of activities are conducted, how many clients are served, and what kinds of interactions take place from day to day).
- An *outcome evaluation* measures the extent to which the program attained its objectives. For example, if one of the objectives was to involve at least 20 teachers in weekly in-service training sessions, the evaluation would show the extent of teacher participation at training programs. And, changes in students' attitudes

toward drugs might be measured by a pretest and a post-test.

- An *impact evaluation* measures the program's effect on drug abuse and related factors throughout the community. For example, an impact evaluation might reveal changes in actual drug use patterns, self-esteem, truancy, and vandalism among the student population.

Although program evaluations can be highly sophisticated, involving elaborate statistical methods and computerized data processing, each of the three types of evaluation described can be accomplished on a relatively simple basis by a program coordinator. This does not mean that just anyone can perform a professional evaluation; on the contrary, program evaluation is an elaborate and time-consuming social science. However, the staff members of school-based prevention programs can collect data that may be useful in showing what the program has accomplished. For example, school records frequently reflect improvement in students' high-risk or negative behaviors (e.g., records regarding vandalism, truancy, suspensions, and unexcused absences). Although positive changes in these behaviors would certainly not prove that a program had also reduced drug abuse, they might demonstrate that the program had a positive impact on the students.

Another simple evaluation technique involves the use of personal interviews with the program participants. While individuals' perceptions of what they have learned or how they have changed are the antithesis of the "hard" data most often associated with evaluation, they can be convincing evidence of the program's effects.

Evaluation need not be a mysterious science; basically, it involves looking at a program with a searching, questioning, curious attitude and using a variety of techniques to get answers to pertinent questions.

Given the opportunity and the funds, many teachers and program staff might prefer to hire an outside evaluator. Indeed, an outsider's objective assessment of the program, which may be no more elaborate than an afternoon meeting with the program staff (process evaluation), may be helpful in correcting problems that would reduce the program's impact if those problems continued. Ideally, a program evaluation is objective and impartial, and competent outside evaluators can usually be trusted to provide such an evaluation.

Since professional evaluations generally require the expenditure of from five to ten percent of a program budget, the program director and staff cannot be too careful in securing these services. If possible, bids should be solicited from several different firms or individuals. Recommendations from previous employers should also be requested.

The results of an evaluation should be reported to every appropriate audience, if only in summary form. The program director may need to present evaluation results to a variety of different audiences, many of whom will be skeptical and unimpressed by social science jargon. A well-done professional evaluation will be clearly written and easily understood by the decision makers.

### Training

The difference between success and failure in many school-based prevention programs is the quality of the training provided to the program staff. Yet, there is no foolproof formula for effective in-service training. One common mistake is to commit substantial amounts of a program's budget to hire a "star" of the in-service training circuit on the premise that he or she must be an outstanding trainer because he or she is so well known. Unfortunately, such a "star" may dazzle his or her audience with anecdotes and then leave without having imparted any *useful* information. According to a county-level drug abuse prevention specialist, teachers are much less willing to attend in-service training sessions unless they are reasonably sure that they will get something out of the session that they can use. They have neither the time nor the desire to go to a training session just to be entertained.

The precise nature and extent of the training depends on its purpose, of course. Prevention program training tends to require increasing amounts of time and commitment from program staff. In one of California's largest prevention programs, trainers are sent into the schools two months prior to the beginning of training. The trainers and teachers get to know each other during that time, and the teachers decide whether or not they are interested in participating in the training and which trainers they want to work with. The actual training, which includes a variety of prevention strategies and extends over a period of several months, is followed up by regular classroom observation and meetings between the trainer and the teacher. According to the director of this program, "Excellent trainers are the backbone of this program."

Most training for school-based prevention programs can be categorized in one of three ways:

- *Training in specific strategies.* Training in specific strategies requires relatively few sessions and prepares teachers to conduct values clari-

fication or decision-making exercises, for example, in the classroom.

- *Training in a process.* Parent Effectiveness Training and the Human Resources Development program are examples of approaches to communication and problem solving. Although the training takes more time (25 to 30 hours or more) than training in specific strategies, the goals are more general and far-reaching (e.g., changes in attitudes and interpersonal behavior patterns).
- *Organizational development training.* Based on group process techniques developed at the National Training Laboratories in Bethel, Maine, organizational development involves intervening in an organization's ongoing activities so that a lasting organizational change may be effected. An important aspect of organizational development is the participation of everyone who will be affected by whatever changes are made in the organization as a result of the training. Organizational development training may lead to one or both of the other kinds of training mentioned here as the staff decides what kinds of solutions and plans to implement.

Trainers consistently emphasize the need for trainees to work toward being independent by becoming so skilled that they no longer need a consultant's help. "During training we talk a lot about transferring responsibility," said Jeanne Gibbs of the Center for Human Development. "If one of our programs doesn't work out at a particular school, it's because we didn't do enough of that. Now we do about ten hours of preliminary work with a faculty to define their problems and develop a commitment before we even start to plan a specific program. The far reach—that's what prevention is. It's helping individuals affect their own system so that their environment is more conducive to growth."[2]

[2] Personal interview conducted for this publication.

# Selected References

## BOOKS

### Theory and Background of Drug Abuse Prevention


Blum, R. H., and associates. *Drug Education: Results and Recommendations.* Lexington, Mass.: Lexington Books, 1976.

Brecher, Edward M., and the editors of *Consumer Reports. Licit and Illicit Drugs: The Consumers Union Report on Narcotics, Stimulants, Depressants, Inhalants, Hallucinogens, and Marijuana—Including Caffeine, Nicotine, and Alcohol.* Boston, Mass.: Little, Brown, and Company, 1972.

*Health Instruction Framework for California Public Schools.* Sacramento, Calif.: California State Department of Education, 1978.

*A Minnesota Primer on the Prevention of Chemical Use Problems.* St. Paul Minn.: Minnesota Department of Public Welfare (Available from: Department of Administration, 140 Centennial Building, St. Paul, MI 55155).

*Recommendations for Future Federal Activities in Drug Abuse Prevention.* Washington, D.C.: Cabinet Committee on Prevention, Treatment, and Rehabilitation: Subcommittee on Prevention, 1977.


### Affective Education


Canfield, J., and H. C. Wells. *100 Ways to Enhance Self-Concept in the Classroom.* Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1976.

Glasser, William, *Schools Without Failure.* New York, N.Y.: Harper and Row, 1969.

Palomares, Uvaldo, and G. Ball. *Magic Circle: An Overview of the Human Development Program.* La Mesa, Calif.: Human Development Training Institute, Inc., 1974. (The institute also publishes a variety of guides for Magic Circle programs at different grade levels.)

Simon, S. B., L. W. Howe, and H. Kirschenbaum. *Values Clarification.* New York, N.Y.: Hart Publishing Company, 1972.


### Peer Tutoring


*Youth Tutoring Youth* and *Learning and Growing Through Tutoring.* New York, N.Y.: National Commission on Resources for Youth (available from the National Commission on Resources for Youth, 36 West 44th Street, New York, NY 10036).


### Peer Counseling


Samuels, Don, and Mimi Samuels. *The Complete Handbook of Peer Counseling.* Miami, Fla.: Fiesta Publishing Corp., 1975.


### Alternatives


Cohen, A. Y. *Alternatives to Drug Abuse: Steps Toward Prevention.* Washington, D.C.: National Institute on Drug Abuse, 1976.

Glasser, William. *Positive Addiction.* New York, N.Y.: Harper and Row Pubs., Inc., 1977.

National Commission on Resources for Youth. *New Roles for Youth in School and Community.* New York, N.Y.: Citation Press, 1974.

**Parent Education**

Dinkmeyer, Don, and Gary D. McKay. *Raising a Responsible Child: Practical Steps to Successful Family Relationships.* New York, N.Y.: Simon and Schuster, Inc., 1973.

Dreikurs, Rudolf, and Loren Grey. *Parent's Guide to Child Discipline.* New York, N.Y.: Hawthorne Books, Inc., 1970.

Gordon, Thomas. *Parent Effectiveness Training: The Tested New Way to Raise Responsible Children.* New York, N.Y.: New American Library, 1975.

**Moral Education**

Galbraith, Ronald, and Thomas M. Jones. *Moral Reasoning: A Teaching Handbook for Adapting Kohlberg to the Classroom.* Minneapolis, Minn.: Greenhaven Press, 1976.

Mattox, Beverly A. *Getting It Together: Dilemmas for the Classroom.* La Mesa, Calif.: Pennant Press, 1974.

**Evaluation**

*Accountability in Drug Education: A Model for Evaluation.* Edited by A. Abrams, E. F. Garfield, and J.D. Swisher. Available from The Drug Abuse Council, Inc., 1828 L Street, N.W., Washington, DC 20026.

Blanton, J., and S. Alley. *Program Development: A Manual for Organizational Self-Study.* Washington, D.C.: National Institute of Health, 1975.

**Funding**

*The Foundation Directory* (a comprehensive guide to all U.S. foundations with assets of over $500,000). Available from Columbia University Press, 136 South Broadway, Irvington-on-Hudson, NY 10533.

*How to Get Money for Arts and Humanities, Drug and Alcohol Abuse, and Health.* (A series of paperback guides; more compact than the Foundation Directory.) Available from Human Resources Network, 2010 Chancellor Street, Philadelphia, PA 19103.

## CURRICULUM MATERIALS

The curriculum materials described here have been widely used in California programs or have been identified as particulary noteworthy materials available throughout the country. Because language levels can be a critical factor in determining the appropriate grade level for these materials, program initiators and teachers should review carefully those materials which they are interested in using. Some materials recommended for earlier grade levels have been found to be applicable to upper grade levels as well.

*DECIDE* (informational units and extensive list of recommended films). Developed by Emily Garfield for JGM Associates. Stanford, Calif.: Alcohol Education Research Institute (P.O. Box 8943, Stanford, CA 94305), 1978.

Muller, Jeff, and Barbara Newell. *Deciding* (self-instructional alcohol education module with open-end learning activities). Edited by Stanley Shalit. Hayward, Calif.: Office of the Alameda County Superintendent of Schools, 1975. (Available from Alameda County Training and Development Center, 685 A Street, Hayward, CA 94541).

*Ombudsman* (a high school course in group process techniques and life skills). Available from Charlotte Drug Education Center, Inc., 1416 Morehead Street, Suite, 201, Charlotte, NC 28204.

Saris, Eleanor M., and J. Lindsay Woodard. *Living Skills* (18-week curriculum package). Whittier, Calif.: Human Relationships Consultants, Interpersonal Communications, Inc., 1977 (available from California High School, 9800 South Mills, Whittier, CA 90604).

*Ventura County Multimedia Curriculum Package* (a 16-lesson multimedia package developed by the staff of the Ventura County Health Care Agency). For further information contact Alice Dondero, Young Adult Drug Counseling Service, Bard Center, 3291 Loma Vista Road, Ventura, CA 93001.

*You and Your Decisions* (multimedia kit including games, films, task cards, work sheets, and teacher's guide). San Diego, Calif.: Office of the San Diego County Superintendent of Schools (6401 Linda Vista Road, San Diego, CA 92111), 1974.

*8:30 Monday Morning* (an alcohol education unit with 21 learning activities and complete instructions and visual aids). Los Angeles, Calif.: California Council on Alcohol Problems (Suite 408, 427 West Fifth Street, Los Angeles, CA 90013), 1977.

## FILMS AND OTHER MEDIA

*Inside/Out* (thirty 15-minute films, a teacher's guide, and related materials dealing with the social and emotional development of elementary school age

children). Available from Agency for Instructional Television, Box A, Bloomington, IN 47401.

*Self Incorporated* (fifteen 15-minute films, a teacher's guide, and related materials dealing with the physical, emotional, and social changes of adolescence). Available from Agency for Instructional Television, Box A, Bloomington, IN 47401.

In addition, a variety of films and filmstrip presentations dealing with affective development and moral education are available from Guidance Associates, 757 Third Avenue, New York, NY 10017.

## GENERAL RESOURCES

National Clearinghouse for Alcohol Information
9119 Gaither Road
Gaithersburg, MD 20760

National Clearinghouse for Drug Abuse Information
Parklawn Building
5600 Fishers Lane
Rockville, MD 20857

PYRAMID. A project funded by the National Institute on Drug Abuse to provide information and technical assistance to drug abuse prevention programs. Contact PYRAMID, 39 Quail Court, Suite 201, Walnut Creek, CA 94596, (415) 938-4900

School Health Program
California State Department of Education
721 Capitol Mall
Sacramento, CA 95814

California State Department of Alcohol and Drug Abuse
Division of Drug Abuse
111 Capitol Mall
Sacramento, CA 95814

## TRAINING RESOURCES

California is privileged to have a wealth of persons or organizations which can supply information, speakers, and materials for use in teacher training, classroom drug education programs, and prevention program development.

For further assistance, contact the State Department of Education, School Health Program, or the State Department of Alcohol and Drug Abuse, Division of Drug Abuse, Training and Prevention Section.

## Other Publications Available from the Department of Education

*Better Schools, Better People* is one of approximately 450 publications that are available from the California State Department of Education. Some of the more recent publications or those most widely used are the following:

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| Accounting Procedures for Student Organizations (1979) | $ 1.50 |
| An Assessment of the Writing Performance of California High School Seniors (1977) | 2.75 |
| Bicycle Rules of the Road in California (1977) | 1.50 |
| California Guide to Parent Participation in Driver Education (1978) | 3.15 |
| California Master Plan for Special Education (1974) | 1.00† |
| California Private School Directory, 1979 | 5.00 |
| California Public School Directory, 1979 | 11.00 |
| California Public Schools Selected Statistics, 1977-78 (1979) | 1.00 |
| California School Accounting Manual (1978) | 1.65 |
| California School Energy Concepts (1978) | .85 |
| California School Lighting Design and Evaluation (1978) | .85 |
| California Schools Beyond Serrano (1979) | .85 |
| Child Care and Development Services: Report of the Commission to Formulate a State Plan (1978) | 2.50 |
| Computers for Learning (1977) | 1.25 |
| Directory of Private Postsecondary Institutions in California (1978) | 1.50 |
| Discussion Guide for the California School Improvement Program (1978) | 1.50*† |
| District Master Plan for School Improvement (1979) | 1.50* |
| English Language Framework for California Public Schools (1976) | 1.50 |
| Establishing School Site Councils: The California School Improvement Program (1977) | 1.50*† |
| Genetic Conditions: A Resource Book and Instructional Guide (1977) | 1.30 |
| Guidance Services in Adult Education (1979) | 2.25 |
| Guide for Multicultural Education: Content and Context (1977) | 1.25 |
| Guide for Ongoing Planning (1977) | 1.10 |
| Handbook for Assessing an Elementary School Program (1978) | 1.50* |
| Handbook for Assessing a Secondary School Program (1979) | 1.50* |
| Handbook for Instruction on Aging (1978) | 1.75 |
| Handbook for Planning an Effective Reading Program (1979) | 1.50* |
| Handbook for Reporting and Using Test Results (1976) | 8.50 |
| A Handbook Regarding the Privacy and Disclosure of Pupil Records (1978) | .85 |
| Health Instruction Framework for California Public Schools (1978) | 1.35 |
| Liability Insurance in California Public Schools (1978) | 2.00 |
| Parents Can Be Partners (1978) | 1.35† |
| Pedestrian Rules of the Road in California (1979) | 1.50 |
| Physical Education for Children, Ages Four Through Nine (1978) | 2.50 |
| Planning Handbook (1978) | 1.50*† |
| Publicizing Adult Education Programs (1978) | 2.00 |
| Putting It Together With Parents (1979) | .85† |
| Report of the Ad Hoc Committee on Integrated Educational Programs (1978) | 2.60 |
| Science Framework for California Public Schools (1978) | 1.65 |
| Site Management (1977) | 1.50 |
| Social Sciences Education Framework for California Public Schools (1975) | 1.10 |
| State Guidelines for School Athletic Programs (1978) | 2.20 |
| Student Achievement in California Schools (1978) | 1.25 |
| Students' Rights and Responsibilities Handbook (1978) | 1.50† |
| Teaching About Sexually Transmitted Diseases (1979) | 1.65 |
| A Unified Approach to Occupational Education: Report of the Commission on Vocational Education (1979) | 2.00 |

Orders should be directed to:

California State Department of Education
P.O. Box 271
Sacramento, CA 95802

Remittance or purchase order must accompany order. Purchase orders without checks are accepted only from government agencies in California. Sales tax should be added to all orders from California purchasers.

A complete list of publications available from the Department may be obtained by writing to the address listed above.

†Also available in Spanish, at the price indicated.
*Developed for implementation of AB 65.



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